App. F. IX-4

1925-26 (Sanry)

File No. 13-25

Previous References
Sanry. B-25 (5-6)

Serial Nos. 9. 10. 12
13. 14. 15. 18. 19.
20. 21.

Later References
Lm 129-28 & 213
LB Sr Sg 05 (1-2)
Sanry. 17-29 (1-19, 22, 25 to 27 & 33).
G.O. No. 4093
LB 41-Boards 2 & 3

General and Revenue Secretariat.

Serial Nos. 10

Part B for May 29.

SUBJECT

Revised rules for the combating of epidemics.

M. 21 No. G. 9305-26 dt. 31.1.29.

To The Sanitary Commissioner.
The D.Cs of Districts.
The Presidents of Boards.
The President ex-Municipal Council.
The Municipal Commissioner, Bellary & Mysore City
The President, A. G. G. Sanitary Board
The Comptroller
See orders on

Ld duly

WD 01264—GPB—40,000—17-12-25

General and Revenue Secretariat | San File No. 13 of 1925

Serial No.

GN

Extract from Sanitary file 13 of 25.

× × × ×

Rules relating to combating epidemics.

19. Mere rules & orders show some want of appreciation & thoroughness in not correlating District Board with the Sanitary Commissioner

20. Please get at once Madras rules, study the draft District Boards & Village Panchayat Bills & put up a note on changes necessary so that there may be no confusion & not overlapping & rules under the Acts when published have also to issue.

21. The present system is far from satisfactory.

22. Please particularly see whether in Madras & Bombay when epidemics break out the central part of the Sanitary Commissioner functions separately & independently of local Boards or how it is done. I know that the Sanitary Dept does take charge but what is the law."

Sd. K.
10/12/1925

Sam File No. 13 of 1925.

1913

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23) An extract is taken for noting upon the points referred to by the Second Member of Council. This will be attended to separately. ~~Should~~ ~~it be thought that the Standard to be forgo~~ It should be known if Mr. Hamilton requires to be told that Mr. Adam with reference to the reply now received or the wishes of the Rubber Agency may be proceeded with.

Wd. Hunter) 23 14/12

5470 14/12

24) The papers may be separated. The Spade work of Standing Madras Rules does not require Dewan's orders. After the Question takes a final form his orders are needed.

25) All wife about Clapping fence near Chick or Shade shall to him

Oc 15/12/25

26) When proper attempt to Mr. Sam's Dept in Madras Bombay &c are made 15/12

27) Sub mit a draft as directed in person 23 15/12

21/12/25

L Reed 23 21/12

29) Appd 23/12

WD 0569—GPB—40,000—

App. F. III—2]

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General and Revenue Secretariat

Serial No.

Fin 3102

WD 01264—GPB—40,000—17-12-25
App. F. III—2]

General and Revenue Secretariat

Sanj File No. 406 13 of 1925

Serial No.	
9	No L 4753-6 dt 30/12/25. Do Sanj comms to the Govt of Madras & Bombay requesting to forward the rules relating to the action to be taken by the local bodies in the Provinces in combating epidemics in the rural areas etc
Sanj dt 21/1/26	10 From the Director of the Public Health Madras No. R.14-1/Epi dt 16.1.26. Furnishes information in regard to the action to be taken by the local bodies the Central Govt or Sanitary Comr, Madras Govt, in regard to the prevention of the Epidemics. 30) Subd. ~~Subd~~. This will be further looked up after the receipt of the reply from the Sanitary Comr, to the Govt of Bombay, if appd. 21/1/26 31) Yr Sanj Ind
12	From the Director of P.H. Bombay E.P.D/391 of 26 dt 23.1.26. States that no specific rules re duties of local bodies in rural areas are laid down beyond those ~~laid down~~ relating to the prevention & improvement public Health & that the P.H. Dept acts only an advisory body in all matters except in 32) Subd wrtn refce to ~~the~~ matters above

NOTE—Contn Sheet.

+ 062
fm 3102
3263 fm

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G. R. S. III·2]

WD 2310—GPB—10,000—31-5-24

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of the Madras Local Boards Act & of the Madras Plague Regulations are put up. In the former, rules relating to Dangerous diseases are given in paras 130 to 136.

33) The revision of the Local Boards & Village Panchayats Regulation is under consideration in the Legislative Branch. This may therefore be referred to that Branch for taking necessary action in accordance with the orders of the second member at para 20 above.

To Please bring up on 4/2

Seen in person on 9.2.26 after instructions.

SBB.
25.1.26

3263 Gen

G. R. S. III-2]

WD 2310—GPB—10,000—31-5-24

5

General and Revenue Secretariat. | Gen File No. 13 of 1925.

Serial No.

Co-ordination of work between the District Boards and the Sanitary ~~Commissioner~~. Department

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Under the existing rules, the District Boards have to take action beginning with the apprehension and the reporting of an epidemic till the disease subsides. The Patel or Shanbhog should submit a report on the outbreak to the Taluk Office and to the Medical Officer in charge of the nearest dispensary. He should notify to the villagers the expediency of following elementary sanitary rules and make necessary preventive and other arrangements.

The Amildar should on receipt of the above report send immediate information to the Medical Officer in charge of the nearest dispensary, the Presidents of Municipal Councils in the Taluk, to the District Medical Officer, the Chief Sanitary Inspector, to the Deputy Commissioner of the District, to the Amildars of the adjoining talukas and to the Sanitary Commissioner. In addition to this, the Amildar should forthwith proceed to the infected village and personally see to the carrying of the disinfection and other preventive measures. Special endeavour should be made by him to encourage and develop local initiative by

NOTE—Conton. sheet.

enlisting the co-operation of Village Improvement Committees and influential villagers.

36 The Deputy Commissioner and President, District Board, should see that each of the Taluk Officers is supplied with sufficient quantity of disinfectants and a sufficient number of medicine chests in consultation with the Senior Surgeon and Sanitary Commissioner. The stock of medicines should be kept in the Taluk Office but its issue should be regulated by the local medical officer who should on the ~~visit~~ receipt of the first report, advise the Amildar about the medicines required. If the existing staff is found insufficient, the Amildar should apply to the Deputy Commissioner for additional establishment. The President of the Taluk Board should also train ~~key~~ a few of the conservancy staff in disinfection work. The Deputy Commissioner should wherever necessary organise preventive medical staff consisting of the Reserve Sanitary Inspector of the District, one maistry and a gang of coolies and one Reserve Sub Assistant Surgeon trained in sanitation. He should also purchase diet articles and country medicines and incur expenditure for contingent charges and compensation for infected clothes, etc., destroyed.

37 The Sanitary Commissioner is purely an

Serial No.

adviser to Government and local bodies in sanitary matters. He has to be consulted in regard to the posting of the Reserve Sub Assistant Surgeon and the preventive action to be taken in regard to new or complicated cases. Applications for special grant-in-aid should be made to Government through the Sanitary Commissioner. The Sanitary Commissioner may also inspect the villages during epidemics or at other times, advise the local bodies in regard to preventive and curative action to be taken and call for special reports of epidemics.

38 Government may call for special reports of outbreaks of epidemics and the action taken to check their spread, either on representations received or on the receipt of epidemic returns. They may grant special amounts in cases where the local bodies are too poor to meet the incidental charges. They may also punish officers who are found to have failed in taking necessary action in time, when that is brought to their notice. But the Government and the Sanitary Commissioner have no direct connection with the combating of epidemics and can operate only indirectly through the local bodies concerned.

39 In the Madras Presidency, it is duty of the

Serial No

the Local Bodies to see that the provisions of the Local Boards Act in regard to the construction and maintenance of sanitary works and the sanitary arrangements are properly carried out. Government have also framed model bye-laws in regard to conservancy, slaughter houses, etc. Public health administration in regard to plague prevention is under the control of the Collector and he has to attend to innoculation, evacuation and disinfection in the affected areas. But with regard to other infectious diseases, the Local Boards have to take action, the actual disinfection and other preventive measures being carried out by the Public Health Department. For this purpose there is in each district a health staff consisting of one District Health Officer and 8 to 15 Health Inspectors who can be concentrated in any portion of the district in case of necessity. Every district is divided into a number of ranges each of which is in charge of a Health Inspector with one or more Vaccinators under him appointed by the Local Board. The Local Government can interfere when there is any dispute or difference between two Local Bodies or a Local Body and a local authority in regard to any matters arising under any of the provisions of the Local Boards Act.

(10) In the Bombay Presidency, the Public Health Department acts only as an advisory body in all sanitary matters and has got no executive function. The Local Boards on the contrary have to make ade-

quate

Serial No.

adequate provision for the areas under their authority for public vaccination and carry out such sanitary works and measures as are necessary for maintaining public health. They have to take action to prevent the spread of epidemics for dangerous diseases. The President or any other person authorised may enter between sunrise and sunset any building where infectious disease exists and arrange for disinfection of the premises, etc. If the local body fails to take necessary preventive action and Government are informed of the same, they may after due enquiry fix a period for carrying out the work and in default have it performed and recover the cost from the local body and may even dissolve or supersede a local body if they consider it incompetent.

(4) Action to be taken. Under the existing conditions, there is no co-ordination between the Health Authorities and the Local Bodies in the matter of prevention and control of epidemics. and the rules are not being strictly enforced. There is a lack of public opinion in regard to sanitary matters and the people have to be educated in this by means of popular lectures and pamphlets. In order to maintain public health, it is also necessary to create local

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authorities and give them proper powers to carry out the preventive measures. The creation of Village Panchayets and the devolution of powers to them under the new Village Panchayet Regulation is likely to meet the requirements under this head. The provision in regard to epidemic prevention should be made clearer both in that and in the Municipal Regulation.

(2) Again, as the Sanitary Commissioner is only an adviser to Government and Local Bodies in regard to sanitary matters and as the Chief Sanitary Inspector is a subordinate of the District Board so far as his work is concerned, sanitary operations do not seem to receive adequate attention. The revival of the post of District Health Officers to advise the Local Boards is necessary and the Sanitary Commissioner should be given more power. Arrangements should be made to ensure proper co-ordination between the Public Health Department and the Local Bodies.

(3) The Sanitary Commissioner has been requested in another file to submit proposals for the revival of the posts of the District Health Officers and to define the position and powers of the Chief Sanitary Inspectors of the Districts after the passing of the Local Boards and Village Panchayet Bills. The receipt of his proposals which will dispose of the question raised in this file may be awaited if approved. After the issue of the above Bills the present rules relating to the combating of epidemics may be referred to the Sanitary Commissioner for submitting proposals for revising them with a view

Serial No

to define clearly the duties and responsibilities of the Local Bodies and their relation with the public ~~Works~~ Health Department in the matter of epidemic prevention.

Submitted for orders.

JGH 13/7/26 HH This note shows the position in regard to these subs in the State and in the Madras Presidency and the Bombay Presidency. It is subd for perusal. When an Epidemic breaks out and is reported by the village officials to the Taluk, the Amildar is expected to report to the D.C. It is this office that has to move the San'y Dept and the Dt Board to take necessary action to combat the disease. Whether the Chief San'y Officer in the Dt is an Inspr or a Health Officer makes no difference. If so ordered the San'y Comr will be asked to revise the present rules with a view to coordinate the work of the San'y Dept and the Local Bodies and define their functions clearly and making any other changes that may be considered necessary to bring them up to date and in accordance with the Dt Boards & Village Panchayet Bills. The rules which he may forward may be scrutinised here & issued after appl

Quite a good one, I beg leave to bring to notice, and put up by Mr H. Srinivasa Rau, caseworker, San'y Secn. DMW

Jaipur RR 29/7.

A

OFFICE OF THE FIRST MEMBER OF COUNCIL 30 JULY 1926 No. 243

MW 28/7

~~First~~ Asst Secretary 66) The Suggestion at A may be approved

47) Yes. 1cl 1/8 HH

RR 29/7

NOTE—Contd

3163 of 25

WD 01264—GPB—40,000—17-12-25

General and Revenue Secretariat | File No. 13 of 1925.

Serial No.	
	Lg/Draft subd JBG 2/8/26 mdk 4/8/26 50) Issue mdl 6/8
13	To The Senior Surgeon No 9 1123 Dt 4.8.1926 Requests him to revise the present rules for combating epidemics and to submit a draft of the revised rules for the consideration of Govt

Secy M
JBG
5/8/26

1453

113

G.R.S. III—3]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Fr. Secretary to Govt. Home (Public) Department,
No. ~~[illegible]~~ 7163 & 19.8.26
Forwards for information
a copy of the G.O. No. 1146 & 10.7.26
issuing Plague Regulations
outside the City of Madras.

Subd. A copy of these
regulations received in
1923 had been published
in the Gazette for general
information. The differ-
ences which have been
marked are very minor. Enq
for notes as to whether a copy
may simply be sent. Govt
Sanction for information.

27/8/26

Impressed
with the necessity of the
28/8/26 - Sanction

N.B.— Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

The Asst Secretary may examine whether any repair charges after the date of the G.O. Repeal of 1896 are necessary

1/9/26

Serial No.

54) There is no specific provision for framing rules for the general control of epidemics either in the Village Panchayet Regulation or the District Boards' Regulations. In Section 57 of the District Boards' Regulation, however, power is given to District Boards to make, so as not to be repugnant to any -- law in force, bye-laws for regulating the preventi and spread of dangerous diseases and for disinfection of places and destruction of infected article. Government cannot compel any District Board to -- frame bye-laws in those matters and it is not possible to say where and what bye-laws the District Boards will make in this respect. It is, therefore, necessary to frame temporary regulations under the provisions of Section 2 of the Epidemic Diseases Regulation.

55) 2. The rules now in force are those approved in Govt. order No. G.21371-402 San. 101-17-12 dated 25th March 1919 and the G.O. is not ~~expedient~~ explicit as to the authority under which the rules are issued. These rules merely partake of the nature of Department instructions and the issue of a separate set of -- temporary regulations framed by the Madras Govt. appears necessary not only in respect of plague but also as regards cholera, small pox, and other dangerous diseases. The Sanitary Commissioner may be requested to submit a draft of the temporary Regulations for the approval of Government. It is also expedient to specify the period of time during which these -- Regulations are to be in force and to publish them under a Notification in the [illegible]ore Gazette as is done in Madras.

May H.

3265 14 6M

WD 01264—GPB—40,000 —17-12-25

General and Revenue Secretariat

San File No. 13 of 1925. 15

Serial No

5/6/ The ~~Sanitary~~ Notifications ~~are~~ under which the temporary Regulations* were issued do not mention the period for which they were to be in force.

* H. R & Q

P

5/7/ The G.O. of 14th Feb'y 1920 goes to show that Govt do not intend enforcing all the measures prescribed by the temporary Regulations.

3365/23/9

5/8/ It is moved therefore ~~for~~ the Executive to consult the Sanitary Commissioner if it ~~any Reign~~ is necessary to issue any Regulations under the Epidemic Diseases Regn Act &c; to ~~prepare~~ prepare a draft for consideration of Govt

(4th member) 23/9

5/9/ Yes & these Madras Regns may also be sent to him

24/9

24-9

24/9

U.S)

61 Rules for the combating of Epidemics have already been ca to be revised

3265/25
1453 M

WD 01229—GPB—37,500—1-9-26

App. F. III—2

General and Revenue Secretariat

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and submitted in letter dt. 4.8.26, draft submitted refer to Press 58859 above

HBV
27/9/26
MSK
27.9.26

61/ /SSue
mvl
2/10

15 To The Sanitary Commr
No 9 3614 dt 5.10.1926

His a copy of the Madras Govt Plague Regulations outside the town of Madras and enquires whether it is not necessary to issue a separate set of Regulations under the Mysore Epidemic Diseases Regulation as in the case of Madras &c.

Sub A
JCM
8/10/26
MSK
8/10/26

1453-Vb
2066-27

App. F. III—2]

General and Revenue Secretariat.

File No. San 13 of 1927

(17

Serial No.	
18	From the Sanitary Commissioner no. C.333-2 dated 8.9.27 forwards a set of draft rules for combating epidemics in urban & rural areas.
Flag V.	62) Subd: A set of draft rules incorporating the changes & modifications referred to in the last para of the Sanitary commissioner's letter is put up. These rules are based on the rules issued in 1919. But some new sections have been added eg. under Plague & Relapsing fever in accordance with the orders issued since ~~the~~ 1919.
2	63) The first three paragraphs not being in the form of rules might, if approved, be brought into the order portion & the rest issued as rules.
3	64) The draft rules do not contain headings as in the case of the old rules. ~~[illegible]~~ They will, if approved, be retyped with the headings & the alteration etc. suggested and sent to the L.S.G. Branch for scrutiny in the first instance.
	65) Subd for orders.

Note—Contn. sheet.

30/6/27 2-11-28

66) This may be placed before Mr. Smith after his return.

AB 5/11

WD 0324-GPB-60,000-24-5-27

38301
17/2/28

2066

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(18

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67 Resubmitted with a typed copy of the draft rules which the heading JSM 15/2/28 refers. The L&G Branch may be consulted, if appd

A.S.L.S.G. (with compts)

VS 17/2

Unreasonable delay in this case is not satisfactory VS 17/2

68) Please see paras 54 to 59 above

69) The Sanry comr is not in favour of issuing any temporary Regulations under the Epidemic Diseases Regn. The rules proposed for issue are therefore departmental instructions which have no legal force. In the absence of rules having the force of law, it is possible that Govt and local officers charged with the duty of administering the rules may be handicapped by the actions of private persons and subjected to civil suits. It appears expedient to obtain lawful powers for purposes of entry into private places and prohibiting people from doing certain specified acts which will set at naught the measures that are taken in pursuance of these rules.

Explained in person

JSM 17/2/28

VS 17/2

NOTE—Contn. sheet

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7°). As regards the rules themselves certain modifications are suggested in pencil in order to remove a conflict with the Rural Boards and Village Panchayets Regulations. The following points appear to require special notice

Rule 13 The Boards are given powers of to sanction certain charges. The Standing orders appear to require the Local Bodies to meet the cost of prevention of epidemics etc. The rule may be omitted or suitably modified.

Rule 14. This may also be omitted or modified for reasons noted above

I think the provision may remain as it is necessary in the case of Municipalities to leave powers in the hands of the Municipal bodies WD

Rule 19. The constitution of the committee ~~should~~ and its powers should conform to the provisions of the Rural Regn.

Rule 21 This ~~may be omitted~~ was to be modified The President should exercise the powers

NOTE—Contn. sheet.

WD 0324—GPB—60,000—24-5-27

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App. F. III—2]

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	delegated by the Rural council or those authorised by the Rural Regn and the Rural Account Manual.
Rule 30	The note may be omitted as rule 14 is proposed to be omitted or modified.
Rule 33	The last sentence may be omitted. It is not possible for one man to draw all the water needed. It is not also clear who will pay for him.
This may remain for the present. Consideration will pay in the near future.	
Rule 38 (4)	Valuable materials need not be destroyed. If so, no compensation need be paid.
This is for Consideration	
Rule 51	This may be modified in accordance with the provision in Section 95 A of the Rural Regn (1) The above suggestions are for Consideration

25 21/2/28

NOTE—Contn. sheet.

WD 0324—GPB—60,000—24-5-27

Sam 28/2

2066

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72) Subd for orders whether the above suggestions maybe incorporated in the draft rule.

29/1/25 KD

73) may perhaps be incorporated. Subd

for orders

(H.O member)

29/1

7115/29/2

74) The First Member was pleased to state that the Sanitary Officer of the District should be made responsible for taking prompt and necessary action to ~~xxxxxxxx~~ combat epidemics in consultation with the Local Bodies and that in rural parts, the Charges may be apportioned equitably between ~~xx~~ the District Boards and the Village Panchayets. He was also pleased to direct that as no useful purpose would be served by issuing rules which will not have the force of Law, the draft Rules now proposed may be further scrutinised and revised, if necessary, so that they may be consistent with the powers vested in the Government by the Municipal, District Boards and Village Panchayets' Regulations and submitted through the Secretary to Government in the Law Department.

75) In respect of Municipalities, there is no general Section in the Municipal Regulation empowering Government to make rules for preventing epidemics. Under Section 144 of the Regulation, Government may at any

NOTE—Contn. sheet.

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time confer by notification on any Municipal Council certain powers for prevention of dangerous ~~xxxxx~~ diseases and under Section 145 it is the duty of the Municipal Councils to take all such measures as they deem necessary for the purpose of preventing, meeting, mitigating, or suppressing outbreaks of dangerous diseases in the event of the Municipality or any part ~~x~~ thereof being threatned or visited with an outbreak of any dangerous disease. In ~~xxx~~ such cases, the Government have power to confer on the Municipal Council certain additional powers. The Section also provides for punishment for disobedience of orders issued by the Municipal Council in ~~x~~ exercise of the powers conferred on them and for obstruction of officers carrying out the orders. The frame work of the Municipal Regulation does not permit Government to make general rules for prevention of epidemics It empowers Government to confer ~~one~~ (1) certain general powers on municipal councils at any time to combat epidemics and (2) certain additional powers in the event of the Municipality or any part thereof being threatned or visited with an outbreak of any dangerous disease. A notification is necessary in respect of every Municipal Council on which the powers ~~x~~ are conferred.

76. With regard to the Minor Municipal Councils, Government may under Section 187 of the Municipal Regulation except them from the provisions of Section [redacted] to 146 of the

NOTE—Contn. sheet

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Municipal Regulation and issue rules in respect of these matters. In fact, under a Notification dated 14th June 1922, Minor Municipal Councils have been excepted from the operation of Sections 140 to 148 and no rules under the Regn have been issued for the prevention of dangerous diseases in Minor municipalities. The idea of enacting a separate Regulation for minor municipalities has been approved by the Government and a draft bill has been already framed and a Committee constituted to scrutinise the same. In these circumstances, it is a point for consideration whether it is now necessary to frame rules for minor municipalities under the Municipal Regulation which may soon cease to be in force in minor municipalities. Even though rules may be framed for minor municipalities, no rules could be framed for City and Town Municipalities.

77) As regards rural parts, the Village Panchayets Regulation does not specifically state that it is the duty of the Village Panchayats to provide for combating epidemics. Section 20 of the Regulation requires that the Panchayets shall make adequate provision for sanitation and preservation of public health. The Village Panchayets Regulation does not specifically empower the Government to frame rules for prevention of dangerous diseases and under Section 65 Government have power to make rules to carry out all or any of the purposes of the Regulation. For combating epidemics in local areas under the con-

NOTE—Contn. sheet

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trol of panchayets, Government do not appear to have any power to frame rules under the Village Panchayets Regulation.

78) Again, as regards rural areas, the District Boards have under Section 57 of the District Board's Regulation, power, subject to the rules prescribed by the Government, to frame bye-laws for (1) regulating the prevention and spread of dangerous diseases (2) prohibiting the use of any source of water supply during epidemics and (3) providing for the inspection of persons travelling by Railways, etc., It is not clear whether Section 57 can be so interpreted as to mean that Government may frame rules in respect of all the matters specified in Section 57 of the District Board's Regulation. This does not appear to be the intention of the Legislature though the wording used may indicate otherwise. Under Section 100 of the Regulation, Government have power to make rules or orders to carry out all or any of the purposes of the Regulation and even if this Section is construed as empowering Government to frame rules for combating epidemics in rural areas, these rules would not serve any useful purpose as Government have no power to frame rules prescribing a penalty for the breach of the rules. Section 58 of the District Board's Regulation, provides for prosecution of persons offending against the provisions of the Regulation or of any bye-law thereunder and Section 57 prescribes penalties for infringement of bye-laws. In these circumstances, it appears that Government

NOTE—Contn. sheet

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App. F. III—2]

General and Revenue Secretariat. Sam File No. 13 of 1925.

Serial No.

have no power to prescribe rules for prevention of dangerous diseases under the District Board's Regulation.

79) The Secretary to Government in the Law Department, may perhaps be requested to suggest some solution for issuing the draft rules in question so that they may have the force of law.

8316 9/4

DS 7/4/28 (for Member) DS 7/4

80) Law Secy may please quote the sections of the Local Board Regn or Epidemics Regn under wh. the rules might be issued.

Lee 10/4/28

DS 81 10/4.

81) I am afraid that the existing provisions will not enable the Govt to issue the draft rules in question.

82) In the first place the draft rules are not in proper form.

Secondly Epidemic Regn 1897 has no application, for it enables temporary Regns being prescribed at a time of threatened outbreak. Both the Municl Regn & Dt Bd Regn do not empower Govt to frame rules of this nature.

NOTE—Contn. sheet

WD 0324—GPB—60,000—24-5-27

3 4976 3936 2066 Pur

App. F. III—2]

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83) The object of such rules may perhaps be fulfilled if the St Bd may be asked to issue a Bye Laws under Sec 57, L Govt issuing necessary notifn under Sec 144 of the Munl Regn —

Ws L.S.S Rly 28/4/28

Genl Sec.
with Compts.

27/4

84) I doubt if we are so helpless. Please refer to the Acts & relevant sections.

I/c Member

28/4

30/4/28

85) The position was explained. The Members were pleased to say that the relevant portion of the Draft Rules might be sent to the District Bds & Municipalities forthwith and they may be asked to frame bye laws in the matter under Sec 57 of the Dist Bds Act and Sec 48 of the Municipalities Act. Bds may forward a suitable draft for consideration.

22/5.

NOTE—Contn. sheet

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Serial No.

Rules for coordinating Epidemics

86) The following note is submitted in Consultation with Mr. D. Sathara maiya of the L.S.G. Branch

Present draft rules

May 4

87) Rules 2 to 15 relate to the organisation equipment & procedure in rural areas and rules 16 to 27 relate to the organisation etc in urban areas. Rules 28 to 56 are general rules applicable for both areas and relate to mere matter of procedure and cannot be incorporated into any byelaws that may be framed under the Mysore Municipal and District Boards Regulations.

88) Rules 1-15 may be sent to District Boards while rules 16 to 27 may be sent to the municipal Councils for adopting them with necessary changes as byelaws framed by them. Rules 28 to 56 are special rules relating to the different diseases and to all local bodies. They may be approved and communicated to the local bodies for guidance.

89) Rule one of the draft rules is unnecessary as under both the Mysore District Boards Regulation and the Municipal Regulation the local bodies can frame rules for the regulation & prevention of what

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What are called "dangerous dis cases". The term "dangerous disease is defined in section 3(15) of the Municipal Regulation as meaning "Cholera, plague small pox and an endemic, epidemic or infectious disease by which life of man is endangered.

90) Submitted with three drafts as ordered para 88 for approval & other orders

Jdsy 18/12/28

91) Please type all the 3 drafts

CS 18/12

92) Subd with the typed drafts for approval

Jdsy 28/12/28

Gen'l Secy) dcs 28/12/28

YSSry 31/1/29.

19 do To the Presidents & Dt Bds

No 9 9287-94 dt 31.1

Sir the revised draft rules relating to the rural areas for having been before the Dt Bd and passed as finally under the Dt Bd Regulation

do To the Sanr Commr

No 9 9295 dt 31.1.29

Forwards a copy of the above

20 do To the Dirs. & Dts.

No 9 9296-7 dt 31.1.29

General and Revenue Secretariat | Sans File No 13 | of 1925.

Serial No.

Forwards the revised draft rules relating to the Municipal areas for being placed before the Munal Council, and passed as bye laws under the Mysore Municipal Regulation

Do — The Sanitary Commr

No 9304 — dt 31.1.24

Forwards a copy of the above

21 Do — The Sans Commr
The Dcs & Dts
The Presidents of Dt Bds
The President etc Munal
The Municipal Commr Mysore
Blore etc

The President M.G.T. Sans Board
The Comptroller to Govt.

No 9305-26 — dt 31.1.2

Passes orders on the revised rules for ~~combat~~ combating epidemics.

Sd

Further action will have to be taken in the M.S.G. Branch ~~This may be recorded for the present.~~ When the Draft bylaws are received

Jm 6.5.29 No further action has to be taken in this branch. The papers may be recorded

All right

7/5

7/5/29

NOTE.

App. VI G1.] B650

SUBJECT

Section San

File No. 13-25

Serial No. 9

No. L-4) 55-6

To The Sanitary Commr
to the Govt of
1) Madras (2) Bombay

Sir,

Diary No. of letter replied to 4062

General and Revenue Secretariat

( )

, the 192

Date of issue 30/12/25

Signed by Asst. Sec.

I am directed to request you to be so good as to forward at an early date rules relating to the action to be taken by the ~~Madras~~ Municipalities in Bombay local bodies in combating ~~the~~ epidemics in the rural areas and to request you to ~~be~~ kindly state whether the Central Govt of the ~~to~~ Sanitary Comr functions separately & independently

List of enclosures

Copied by

Examined by

over

[illegible] local business
room it is done [illegible] the farm of Valley
Early apply is important

I have etc

[illegible] & Lowe & York

[illegible]
21/11/15

30435

Fm 3102

San 13-25-16

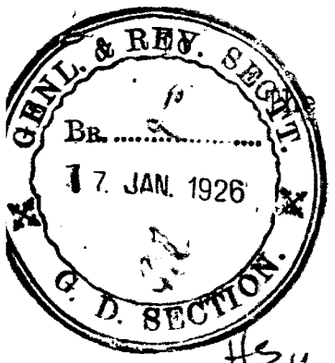
OFFICE of the Director of Public Health, Madras,

R.No. 14 - 1/Epi dated 16-1-26.

From

Major A.J.H.Russell,C.B.E., M.D., D.P.H., I.M.S.,

Director of Public Health, Madras.



To the Secretary to the Government

of His Highness The Maharaja of Mysore,

Local Legislative Department,

General and Revenue Secretariat,

BANGALORE.

Sir,

Reference:--Your letter No.14755-San.13-25-9, dated 30th. December 1925.

I have the honour to state that the Public Health administration in villages and rural areas in this Presidency, is primarily in the hands of the Local Bodies, Viz., Dt. Boards, Taluq Boards, and Union Boards, and their Presidents. The Law affecting Public Health is contained in Part IV of the Madras Local Boards Act, 1920, and this provides for the construction and maintenance of Major Sanitary Works, such as water-supply and drainage, for all minor works, such as markets and slaughterhouses, for conservancy and lighting arrangements, for the sanitary management of Fairs and Festivals, for the training and employment of medical and sanitary officers and vaccinators, for the control of epidemics, etc. It is the duty of the Local Bodies to see that the provisions of the Act are properly carried out. Model bye-laws have also been framed by Government in regard to sewerage, latrines, conservancy markets and slaughterhouses, dangerous and offensive trades, etc., and a few Local Bodies are adopting them entirely or with modifications to suit local conditions.

2. The Public Health administration in regard to Plague is under the control of the Collector. Special rules on this are contained in the Madras Plague Regulations.

3. While the control and prevention of other epidemic diseases except plague are the statutory obligations of local bodies and their

their Presidents, the actual disinfection and other preventive measures in connection with all epidemic diseases are carried out by the Public Health Department. For this purpose. a Health staff is employed in each district in the Presidency. The staff consists of a Dt. Health Officer and 8 to 15 Health Inspectors who can be concentrated in any portion of the district in case of necessity. Every district is divided into a number of Ranges each of which is in charge of a Health Inspector with one or more vaccinators under him appointed by the Local Boards. The policy as regards principal diseases and public health matters in general, has been clearly formulated by the issue of Memoranda on selected branches of Public Health administration for the guidance of local bodies and District Health staffs.

4. The designation of the Sanitary Commissioner has since been changed to Director of Public Health.

I have the honour to be,

Sir,

Your most obedient servant,

Major, I.M.S.,
Director of Public Health, Madras.

31739

Public Health Department. 3'.2 Gn 3263

No.E.P.D./ 391 of 1926.

Office of the Director of Public Health.

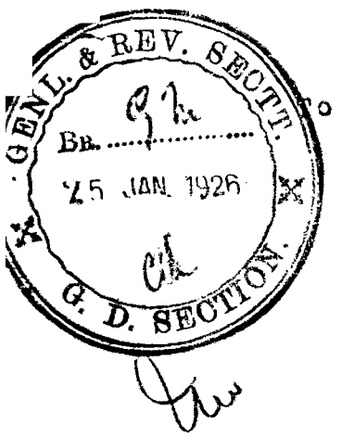
Poona, 23rd. January 1926 .

San. 13-25-12

From

The Director of Public Health

for the Government of Bombay, Poona.



The Secretary to the Government of His Highness

the Maharaja of Mysore, Bangalore

Local & Legislative Depts.

Subject:- Rules to combat epidemics in rural areas

Sir,

With reference to your letter No.L.4756/San.13-25-9 of 30th ultimo, I have the honour to state that no specific rules regarding the duties of local bodies in rural areas are laid down by Government beyond those relating to preservation and improve-ment of Public Health .

The Public Health Department acts only as an advisory body in all sanitary matters and has got no executive functions except in connection with vaccination .

I have the honour to be,

Sir,

Your most obedient servant,

K. M. Thakur

For Director, Public Health.

[APP. F. VI. Cl.]

SUBJECT.....

.....

.....

Section San

File No. 13-25

Serial No 13

No. G 1123

Diary No. of letter replied to 3263

To

The Sanitary Comr

General and Revenue Secretariat

( )

the *192*

Sir,

Date of issue 4/8/26

Signed by Mr. P.V.J

With reference to G.O. No G. 2137-40½ San 101-17-12 G. 25.3.1919 issuing rules for combating epidemics, I am directed to request you to proceed as to revise the present rules with a view to coordinate the work of the Sanitary Dept. & the Local Bodies & define their functions clearly & making any other changes that may be considered necessary

List of enclosures.....

Copied by.....

Examined by.....

over

receiving & bring them upto date
in accordance with the Zila
Board & Village Panchayats
Bills. Send a copy of the revised
Rules for these as early as
possible etc

Med & Asst Engineer

Mrs
2/8

JBB
2/8/16

All communications should be addressed to the Secretary to the Resident in Mysore, Bangalore, by designation and not by name.

09656

OFFICE OF THE RESIDENT IN MYSORE,

Bangalore, 19th August 1926.

No. 7163 Enclos. 1

Sanction 13-25-14

Pol. 204

GEN. & REV. SECTT. PR. 19. AUG. 1926 S. D. SECTION.

Proceedings

A copy of the marginally* noted ~~letter with enclosure~~, is forwarded with compliments, to the Chief Secretary to the Government of H. H. the Maharaja of Mysore. for information.

G.O. *No. 1146-P.H., dated the 10th July 1926, of the Government of Madras.

.....

.....

Major,
Secretary to the Resident.

PN

P. O. 1251, R. O. 106—30-1-1926—1,000.—R.P.B.

APP. F. VI. Gl.]

SUBJECT.....

.....

.....

Section [redacted]

File No. 13-25

Serial No. 15

No. G. 3614

Encl 1

Diary No. of letter replied to 1453

To

The Sanitary Comrs

General and Revenue Secretariat

( )

the *192*

Sir,

Date of issue 4/10/26

In continuation of this office letter no G. 1123 / Sani 13-25-13 & 4.8.26, calling for revised rules for the Conducting of Epidemics, I am directed to forward herewith a printed copy of the Madras Port Plague Regns outside the Union of Madras, & to state that the rules issued vide G.O. No. 25. 3.26 G are not under any Regulation

Signed by Mr V. Naidu

over

(

Encl to MD

Copied by

Examined by 4/10

List of enclosures.....

are
of take / of the nature of
departmental instructions. I am
therefore to enquire whether it
is not necessary to issue a
separate set of regulations
under the Diseases Epidemic Diseases
Regulations, 11th of 1897 as in the
case of Madras Law respecting not only
of plague but also as regards
those cholera, small-pox &
other dangerous diseases. The
draft rules already called for revised
accordingly by Govt - have
been consideration of post

Thanks

Yours Affectly

27/9/26

2066

D. O. No. C 333-2

Office of the Sanitary Commissioner,
with the Government of Mysore,

Bangalore Dated the 8th September 1927.

San 13-25-18

From,

B. Mahomed Usmon Esq., L. M. & S.,
Sanitary Commissioner in Mysore, Bangalore.

To,

R. Ranga Rao Esq., B. A., B. L.
General Secretary to the Govt: of Mysore,
Bangalore.

Sir,

With reference to your letter No. G. 3614/San 13-25-15 dated the 4th October 1926, calling for revised rules for the combating of epidemics and enquiring whether it would not be desirable to republish them as a separate set of regulations under the Mysore Epidemics Diseases Regulation II of 1897, I have the honour to state that the Epidemic Diseases Regulations already issued have practically fallen into deseutude. Judging from past experience, it does not appear as if their revival in a revised and comprehansive form, is indispensable. In the existing Municipal, the District Board and the Village Panchayet Regulations we have provisions - sufficiently comprehensive and sufficeently elastic at the same time. - for the effective control of epidemics. Besides these a new and separate set of Regulations would be redundant.

What we do need for effectime work is a set of departmental rules fixing responsibilities and laying down procedure so that there may be no mistake as to what exactly is expected to be done and by whom. The present rules approved in Government Order No, G. 21371-492/San 101-17-12 dated te 25th March 1919 meet this purpose very well

The alterations in the rules necessitated by the introduction of the new District Board and village panchayet Regulations are indicated on the margin of the enclosed copy of the rules for the consideration and orders of Government . An explanatory note is also attached.

I have the honour to be,
Sir,
Your most obedient servant,
Sd/ [redacted]

E X P L A N A T O R Y N O T E.

The responsibility of Village Panchayets in regard to epidemics seems but vaguely defined in the village Panchayet Regulation, which in Section 20 lays it down as the duty of a Panchayet to make, within the limits of the fund at its disposal, adequate provision for " the preservation and improvement of Public Health" The terms of Sections 45 (B) and of 57(e) of the District Board Regulation, on the other hand, seem to impose unmistakable on the District Boards the duty of Regulating the prevention and spread of dangerous diseases and of " Measures necessary for the Public Health affecting villages under different Panchayets". As however, the administrative control of Village Panchayets and of District Boards is centred in different hands, the most essential thing to be aimed at and secured is a properly co-ordinated employment of the different available agency and material, for successfully combating epidemics.

The best way this could be done seems to me to effectively carry into practice the provisions of Sections 33 of the District Board Regulation and to empower the District Health Officer (Whether whole-time or ex-officio) to perform the duties and exercise the powers of the Board in regard to matters of Public Health and Sanitation". The District Health officer being a " Government " officer who is the adviser to the Deputy Commissioner in Sanitary matters and is at the same time the Executive officer on the Public Health Cimmittee of the District Board, will be in a position to co-ordinate the arrangements without friction and without loss of efficiency.

Fruther in this office circular No. C. 630-3 dated the 4th March 1927 which was issued with the approval of Government, the Sub Assistant Surgeon is given a definite place in the scheme of local administration as the ex-officio Health Officer for the area - corresponding to the status and functions of the District Health Officer in regard to the whole district. Add it need scarcely be said that whether as regards medical relief in connection with epidemics or as regards preventive measures, the amount of the work involved and in future must [illegible]

Sub Assistant Surgeons.

The co-ordination needed lies therefore in three-fold directions and if it has to be effective, the District Health Officer will have to be invested with adequate powers and responsibilities This arrangement is all the more necessary by reason of the fact that - as yet - the composition scale. jurisdiction and duties of sanitary units to be maintained by the District Boards do not appear to have been uniformly fixed. Not having been consulted by any of the District Boards, I have no definite information on the subject but I understand the district boards have varying arrangements in regard to the maintenance of a staff of sanitary inspectors.

I have kept the above facts in view in proposing the few amendments needed in the existing rules for combating epidemics

Sd/ B. Mahomed-Usmon.

Sanitary Commissioner M. G

ON MYSORE GOVERNMENT SERVICE.

Prevention of Epidemics.

As a general rule all charges connected with the prevention of the spread of cholera, including the cost of disinfectants should be met by the local bodies concerned, necessary provisi being made thereror in the Municipal and District Fund Budget Estimates.

All proposals to Government from Municipal Councils and Local Bodies regarding plague preventives and suppressive measures and the establishments to be employed in connection there with should be submitted through the Sanitary Commissioner in Mysore.

The Sanitary Commissioner, the Deputy Commissioners of Districts of Districts and the Presidents of Local Bodies ~~te~~ shall see that the following rules are strictly enforced and should submit information in their annual reports as to their working.

Rules for Combating Epidemics.

1. The term " Epidemic " refers to diseases due to the specific microbes, e. g. those of cholera, small-pox, plague etc., which affect or are likely to affect a large number of people at the same time.

Organisation Eqipment and procedure in rural areas.

2. The Amildars of Taluks and Deputy Amildars of sub taluks assisted by the Village Panchayet Inspector shall be responsible under the general or special instructions of the Deputy Commissioner and of the District Health Officer on his behalf, for the observance of the rules prescribed hereunder for rural areas.- both the general rules pertaining to procedure and ~~as well as~~ the special ones laid down under specific diseases. The District Board Sanitary Inspector for the area shall likewise be responsible to carry out such duties as may be assigned to him by the District Health Officer, in furtherance of the preventive measures. The Sanitary Inspector while posted for epidemic duty shall be relieved of all other duties, ~~engaged this duty shall relieved of all other duties~~

Prompt report of outbreaks of epidemics (a) by the Local Officer

3. It shall be the duty of the patel or, in his absence, of the shanbogue to prepare in triplicate and submit simultaneously to ~~submit~~ by expressed messenger a report to (a) Local Rural Officer within whose jurisdiction the village is situated ~~the Taluk Officer and another to the Medical Officer in charge of the nearest Dispensary,~~ (b) The Village Sanitary Inspector through the Amildar (c) The Deputy Amildar and (d) The Assistant Director of Public Health as soon as cases of any epidemic, ~~xxxx~~ case of plague, immediately, or mortality whether imported or indigenous, occur and in the observed in the village.

(a) By Amildar or Dy Amildar

4. The Amildar or the Deputy Amildar on receipt of the report from any village shall send immediate information (1) to the Medical Officer in charge of the nearest Dispensary (2) to the Presidents of Municipal Councils in the taluk, (3) to the District Medical Officer, (4) to the District Health Officer in the Districts where a separate officer is stationed (5) to the Deputy Commissioner of the District and President of the District Board. (6) the Amildars of the adjoining taluks and (7) to the Sanitary Commissioner.

Preliminary action before the arrival of the medical officer (a) By Patel

5. The Patel or in his absence the shanbogue pending the arrival of superior officers, shall notify to the villagers the expediency of following the elementary sanitary rules (printed as a annexure) and make arrangements to see that the Sanitation in the infected locality, is carefully observed, These arrangements shall include the adoption as far as possible of such of the preventive measures as can be carried out without any professional assistance.

(b) By Amildar or Dy Amildar -

6. If the Medical Officer or the Village Panchayet Inspectors has not already proceeded to the village, the Amildar or the Deputy Amildars shall forthwith proceed to the village and personally see to the carrying out of disinfections and other preventive measures. He may leave the village before the arrival of a Medical subordinate or Village panchayet In-spector in case the hobli shekdar is left in the village to carry out his instructions.

Special endeavour should be made to encourage and develop local initiative by enlisting the co-operation of the Village Panchayat Members and of voluntary workers possessing influence in the villages.

Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. L. 6889-906—San.-37-24-2, dated 28th March 1925.

Daily Report of Epidemics in Villages.

Prescribes the form for the ——.

READ—

Letter No. 136-24, dated 31st October/3rd November 1924, from the President, District Board, Hassan District, bringing to notice that the present system of submission of the daily returns of epidemics by the village Patels affords very little scope for the medical authorities to render timely medical aid to the suffering people in rural parts in as much the information goes first to the Taluk Office and then to the District and Medical authorities and suggesting the adoption of triplicate forms of daily returns to be filled up and posted simultaneously to the authorities concerned.

2. Unofficial Note No. C. 589-2, dated the 19th February 1925, of the Sanitary Commissioner recommending the adoption of the form and suggesting that the form may be in quadruplicate and that the heading should be as simple and as few as possible.

ORDER No L. 6889-906—SAN. 37-24-2, DATED 28TH MARCH 1925.

Government are pleased to direct that the daily report of epidemics be prepared in quadruplicate in the form annexed hereto and despatched by the Patel simultaneously to each of the following officers: —

1. Local Medical Officer within whose jurisdiction the village is situated.
2. The Sanitary Inspector through the Amildar.
3. The District Medical Officer.
4. The President, District Board.

2. The Superintendent, Government Printing, is requested to print sufficient number of books and supply them to the Presidents of District Boards on requisition.

B. NAGAPPA,
Secretary to Government,
Local and Legislative Departments.

To—The Sanitary Commissioner in Mysore.
The Deputy Commissioners of Districts.
The Presidents of District Boards.
The Superintendent, Government Printing.
PRESS TABLE.

Exd—K. S.

Daily return of Epidemics in the Village Talul.

.....ತಾಲ್ಲೂಕು..... .....ಗ್ರಾಮದಲ್ಲಿ ಆಂಟುರೋಗಗಳ.....ದಿನವಹಿ ರಿಪೋರ್ಟು.

Name of the disease and characteristic symptoms noticed ರೋಗದ ಹೆಸರು ಮತ್ತು ಕಂಡು ಬಂದ ಮುಖ್ಯ ಲಕ್ಷಣಗಳು	Date of commencement ರೋಗ ಪ್ರಾರಂಭವಾದ ತಾರೀಖು	Attacks ರೋಗ ತಗಲಿದವರ ಸಂಖ್ಯೆ	Deaths ರೋಗದಿಂದ ಸತ್ತವರ ಸಂಖ್ಯೆ	Remarks as to particular locality etc. ಸ್ಥಳವೇ ಮೊದಲಾದವುಗಳ ವಿಷಯದಲ್ಲಿ ಸೇರಾ
1	2	3	4	

Date
ತಾರೀಖು

Signature of the Patel.
ಪಟೇಲನ ರುಜು.

W. D. 2038—GPB—550—1-4-25.

No. L. 6889-906—SAN. 37-24-2, DATED 28TH MARCH 1925.

Form of report & frequency of submission.

7. Form of report and frequency of submission - the report alluded to in the ~~preceding~~ 3rd paragraph should be in the following form.

The report should be submitted by the Patel daily till after a week of the occurrence of the last case of the epidemic in the village.

Stock of Disinfectants & medicines.

8. The Deputy Commissioner should in consultation with the President of the District Board see that each Taluk Office is supplied with a sufficient quantity of disinfectants and a sufficient number of medicine chests, the quantity and number of these articles being fixed in consultation with the Sanitary Commissioner and the Senior Surgeon respectively, with a complete set of instructions for the use of the medicine and disinfectants for the use of the medicine and disinfectants. The Amildar or the Deputy Amildar will be responsible for maintaining sufficient stock of medicine and disinfectants in the taluk.

Stock & issue of disinfectants & medicines.

9. The stock of medicine and disinfectants should be kept in the taluk office but its issue will be regulated by the local Medical Officer who, on receipt of first information of an outbreak of an epidemic will advise the Amildar or the Deputy Amildar as to the quantity of medicine and disinfectants that may be issued for use in the affected area. If the medical officer himself proceeds to the village he shall take with him both disinfectants and required medicines. In the case of villages with a population of over 1,000, the amildar or the Deputy Amildar should arrange to leave with the Patel, or the Chairman of the Village Panchayet as the case may be, a sufficient quantity of disinfectants and a couple of medicine chests with clear written instructions for its use.

Creation of medical assistance & extra staff.

10. ~~Etc.~~ If the epidemic breaks out in more than one village at the same time and the services of the Village Panchayet Inspector and the Medical Subordinate are otherwise fully employed, the amildar shall apply without loss of time to the District Medical Officer for medical assistance and to the Deputy Commissioner for

additional sanitary staff. In the meantime suitable arrangements should be made for the adoption of preventive measures, a temporary gang for disinfection and observation work being employed, if necessa The Amildars should arrange to train a few men in the permanent cons vancy staff in the techinique of disinfection so that they may be deputed for preventive duty - their places being taken by th temporary gang newly employed. Similar training should be given through the Village Panchayet Inspectors to a few local men in all important villages.

Organisation of Preventive Medical Staff

11. ~~164~~ Should it appear to the Deputy Commissioner that any epi demic immediately threatens to spread into several villages at the same time, he should immediately arrange to organise a preventive a medical staff and place it at the disposal of District Health Offic for working these rules. The Staff should be stationed in a central place in the affected area and will operate in the villages situat within a radius of five miles from such place. The apparatus, dis- infectants and medicine chests required by the staff should be i from the nearest Taluk office, the stock being replenished whe necessary from this source.

Personnel of the Staff

12. ~~165~~ The staff shall ordinarily consist of :-

(1) The Village Panchayet Inspector of the taluk.

(2) One Maistry and a gang of temporary coolies not less tha six in number and

(3) A Sub Assistant Surgeon drawn from the xxxxxxxxxxxxxxxxx Medical Department and trained in xxxxxxxxxxxxxxxxx inoculation work and in giving intra-venous injections.

It will be the duty of Members of preventive staff to obtain early information as to the cases of epidemic occurring in the circ to visit every house in which a case has occurred, to thoroughly disinfect the infected house, including the floors the walls and t furniture with a solution of phenyle or cyllin or other disinfect that may from time to time be issued from the Medical Stores.

The Sub Assistant Surgeon also shall reside in a central pla and be available for attendance free of charge on the sick in the own houses. The Village Panchayets in the the area should as far as possible be associated with the the staff, bot

both preventive and medical. They should be frequently consulted as to the course of action consistently with these rules, and their suggestions for payment of compensation, construction of temporary isolation sheds, sinking of temporary wells, duly carried out.

Powers of Sanction of Dy Comrs

13 ~~166.~~ The Deputy Commissioners are empowered to sanction within the limits of the Budget provision:-

(a) the employment of temporary gangs.

(b) the purchase of diet articles and country medicines.

(c) Other contingent charges pertaining to relief measures and

(d) compensation for infected, bedding and clothing destroyed.

In the case of the available grant in the Budget being found inadequate by reason of an unusual severity of prevalence of the the disease in the district, a special grant in aid may be applied for through the Sanitary Commissioner.

Imprest for expenditure

14. ~~164.~~ The Amildar or the Deputy Amildar as the case may be, should be provided with a permanent advance of Rs. 50/- for expenditure under epidemic charges, the whole or a part of which may be given to the subordinate officer immediately responsible for working the rules, the advance being recouped from time to time by bills supported by vouchers.

Final report of measures adopted

15. ~~168.~~ The amildar or The Deputy Amildar should fifteen days after the occurrence of the last attack in the area, submit a report ~~on the area, submit a report~~ on the epidemic and the ~~ation~~ action taken to the Deputy Commssioner who will transmit the report to Government through the Sanitary Commissioner.

Organisation, Equipment and Procedure in urban areas other than city, Municipalities.

Figures

16. ~~169.~~ The ~~Chairman~~ Presidents of the Municipal Councils assisted by the Local Sanitary Inspector and advised by the local medical officer shall be responsible for taking prompt and effective measures to prevent the spread of epidemic diseases in Municipal areas.

Isolation of outbreak of epidemic

17. ~~170.~~ The President of the Municipal Councils should arrange to

Chairman

obtain the earliest possible information of cases of any epidemic occurring within close proximity to the municipality. Such arrangements include the formulation and the effective working of bye-laws, if necessary, under the provisions contained in the Municipal Regulations for the compulsory notification of cases of illness due to epidemic diseases. It is also open to the Municipal Council to invest selected members of its regular staff with the duty of finding out and reporting the occurrence of epidemic diseases.

Report to higher offices of adjoining talukas

18/h ~~170~~ On receipt of the first report on an epidemic the President should send immediate information to:-

(1) the Medical Oficer in charge of the local Dispensary if there is one, or the nearest Dispensary.
(2) the ~~President~~ Amildar of the Taluk ~~Board~~.
(3) the District Health Officer, if there is one in the D
(4) the Amildars of the adjoining taluka.
(5) the District Medical Officer,
(6) the Deputy Commissioner of the district, and the ~~Pre~~ dent of the District Board
(7) the Sanitary Commissioner in Mysore

Committee to be appointed.

19/h ~~172.~~ In every Municipality, a committee should be appointed in consultation with the Deputy Commissioner of the District, consisting of two or more of the Municipal Councillors whose duty it will be to advise ~~the~~ and assist the President in all matters relating to epidemic diseases prevention in the Municipality. The Committee will have power to associate volunteers possessing influence in the local area in the arrangements made for preventing the epidemic or affording relief to the people. //

Organisation of Preventive staff

20/h ~~173.~~ In every Municipality, a few of the permanent hands preferably among the existing Sanitary Conservancy staff, should be trained in the special work of disinfection and observation. When an epidemic actually breaks out or when there is reason to apprehend its outbreak, the trained men should be withdrawn from their current duties and detailed for special work their places being taken by temporary men. The Chairman is empowered to appoint a temporary staff consisting of one peon and not more than ~~thousand of popul~~ the per-

permanent men withdrawn for special duty or to augment the preventive staff whenever necessary.

Powers of sanction to Presidents

21. ~~174.~~ The ~~Chairmen~~ Presidents are empowered to incur, within the limits of the Budget provision, and on the advice of the special committee, expenditure on :-

(a) The employment of temporary gangs as detailed in the preceding paragraph.

(b) The purchase of diet articles and country medicines.

(c) Other contingent charges pertaining to relief measures.

(d) Compensation for infected bedding and clothing destroyed.

In the case of available grant of Budget being found inadequate by reason of unusual severity of the prevalence of the disease, the Municipal Council may apply to the Government for a special grant-in-aid through the Sanitary Commissioner.

~~175.~~ Necessary provision should be made in the Budget of the Municipal Council for epidemic charges calculated on the basis of Rs. 1,000/- for every 10,000 of population.

Stocks of disinfectants & medicines.

22. ~~176.~~ The ~~Chairmen~~ Presidents should have, in the Municipal stores a sufficient quantity of disinfectants and the necessary apparatus for carrying out disinfection, the nature of the quantity of the articles to be stocked being determined in consultation with the Sanitary Commissioner. He should also obtain a few medicine chests from the Senior Surgeon and stock them for use during emergencies by the Local medical officer, or if there is none, pending the arrival of the Medical Officer from the nearest dispensary. Each medicine chest should contain in the vernacular a complete set of instructions for the use of medicines.

Duties of the Preventive Staff

23. ~~177.~~ It will be the duty of the members of preventive staff to obtain early information as to the cases of the epidemic occurring in the Municipality to ~~visit~~ visit every house in which cases have occurred to thoroughly disinfect the infected house and generally to carry out all instructions issued by the

~~chairman~~ President on the advice of the Committee or the District Health Officer.

Permanent facilities & equipment

26/~~178.~~ Arrangements should be made in every Municipality for the construction of sheds according to approved designs, the number of such sheds depending upon the population of te Municipality and the frequency of the prevalence of the epidemics.

These sheds should be used as :-

(a) Health Camp for the temporary occupation of the people required to vacate their own houses for disinfection purposes.

(b) Contact sheds.

(c) Isolation wards for the segregation and treatment of the sick-

Each of the three groups of sheds should of course be at some distance from each other, the isolation sheds being ~~Each of the three group of sheds being~~ preferrably located as near as conveniently possible to the dispensary buildings. The isolation wards should be furnished with cots, bedding and clothing and equipment.

Trend of policy in municipal councils in regard to plague

25/~~179.~~ With a view to minimise the ravages of plague and cholera Government expect early action being taken in every Municipality for the formation and effective working of Bye-laws relating to :-

(a) House Contruction,

(b) Enforcement of rat-proof conditions in existing dwellings

(c) The formation of well planned town extensions and the prevention of the contamination of the water supply by filting up pumps wherever feasible or other items that require continuous attention.

Medical aid

26/~~180.~~ It shall be the duty of the Medical Officer to arrange for the treatment of cases of epidemic diseases in Municiplaities where there are no Hospitals. In other cases the local Medical Officer should render the necessary medical assistance. Should, however, the epidemic assume a serious aspect, the ~~Chairman~~ President will apply to the District Medical Officer for extra medical aid and t latter officer should make the necessary arrangements after inspecting the locality, if necessary.

Final report of the measures adopted

27. ~~181.~~ The ~~Chairman~~ President should submit, a fortnight after the epidemic has completely ceased, a detailed report of the outbreak of the epidemic and measures taken to combat it, to the Deputy Commissioner

The Preventive staff may be continued for two weeks after the last case has occurred and then disbanded.

Special rules for Cholera.

Mode of spread of cholera & objects aimed at in preventive measures

28. ~~182.~~ The infection of cholera is conveyed by the microbes that exist in the excreta of persons attacked by the disease. Cholera is usually spread by persons infecting the drinking water supply frequently also by flies infecting food and occasionally through persons who although are apparently healthy yet harbour the microbes in their intestines. The present rules aim primarily for providing for either the immediate destruction of these microbes or for minimising the chances of their being conveyed into substances in which they will be swallowed by other persons.

Reasons when special vigilance is needed

29. ~~183.~~ It shall be the duty of the Local authorities to keep themselves informed of the occurrence of the cholera cases in the adjoining towns and villages and to lose no time in taking precautionary measures when an outbreak is apprehended or appears imminent. Special caution should be exercised when there is a movement of a large number of places outside the local area for purposes of attending fairs and festivals or when pilgrims pass through the towns or village or their way to or be not actually affected with cholera at the time.

Precautionary measures when an outbreak of cholera is [apprehended] imminent or

30. ~~184.~~ The general precautionary measures to be adopted on such occasions are :-

(a) Prevention as far as possible of outsiders from having acce and fouling the watersupply.

(b) Sinking and temporary use of infiltration wells in case of water water supply in the town or gillage is obtained from tanks and streams. Amildars are empowered to get temporary wells sunk immediately on the appearence of cholera in villages and meeting the cost out of the imprest of Rs 50/- placed at their disposal under rul 14 supra. (please vide General Secretary's No. Date

Note

31. As a general precaution, all wells in the local area should be permanganated thoroughly once during the hot whether every year whether there is cholera or not. If potassium permanganate is not readily available, quick lime may be ~~sued~~ used with equally good results.

Disinfection of sources of water supply.

32. ~~186.~~ Immediately on an outbreak of cholera all well in the affected area should be treated with sufficient quantity of potassium permanganate so as to laave a pink colour for twenty four hours. In the absence of potassium permanganate, a couple of baskets of quick lime should be ~~sued~~ used for each well. The same precaution should be taken in the case of wells in the adjoining villages, though they may be uninfected. (see also appendix.)

Prevention of contamination of water

33. ~~187.~~ During epidemic times watchmen, preferrably policemen, wherever available, should be posted near step wells, tanks , or streams, to prevent the contamination of water by bathing or washing of cloths. In the case of draw wells, it should be well to emp a high caste man to draw water and supply it for drinking pur to all who resort to the well.

Prevention of multiplication of flies

34. ~~188.~~ Special attention should be paid to the frequent removal of nightsoil and other refuse to a distance from the town or vill The rubbish should be either buried deep or covered with a layer of quicklime to prevent the breeding of flies.

Facilities to be provided to people for personal prophylaxes.

35. ~~189.~~ Every house from which a cholera case is reported should be promptly supplied with :-

(a) A solution of phenyle with instructions that the people who attend on the patient should wash their hands wit it each time they touch the patient or the excreta

(b) One grain packets of potassium permanganate for interna use in solution by the patient as well as contacts.

Segregation of patients & contacts

36. ~~190.~~ On the occurrence of a case of cholera x the people shoul be persuaded to send the patient to the isolation ward, if ther is one, and themselves removed to the Health sheds. If facili for segregation is not in existence, it is desirable that the lo authorities should arrange to put up temporary huts.

Disinfection of excreta

37) ~~191.~~ Great care should be taken to see that all choleraic vomit and excreta are at once collected, mixed with saw dust, paddy husk or other combustible matter, and burnt on or near the premises; if not burnt, the excreta should be buried deep far away from the sources of water supply.

(c) of effects

38) ~~192.~~ All infected material, if of no value should be burnt; if valuable they should be immersed in boiling water and then ~~dired~~ dried in direct sun-light. Compensation claimed on account of valuables destroyed should in all cases be paid.

(d) of infected house

39) ~~193.~~ After a case of cholera, the house and especially the room occupied by the patient should be thoroughly disinfected with solution of phynile, drains which discharge into the open should be flushed with the same solution.

Disposal of the dead body

40) ~~194.~~ In cases in which the attack of cholera proves fatal, it shall be the duty of the local authority to see that the mode of disposal of the dead body does not constitute a source of infection, ~~s~~pecial arrangements being made to ensure that dead bodies are properly buried and away from sources of water supply.

Drinking boiled water

41) ~~195.~~ The occurrence of cholera in any place should be made known to the people who should be warned to boil all the drinking water.

Special rules for small-pox.

Prompt vaccination of unprotected children

42) As soon as ~~the~~ a case is notified in any area, the local authority should send an urgent requisiton to the Sub Assistant Surgeon or the Taluk Vaccinator, as the case may be, to vaccinate all the ~~unpro-~~ unprotected children in the area. The re-vaccination of persons who have not been vaccinated for five years previously should be ~~xxxx~~ encouraged as far as possible. It shall be the duty of the Local authority to assist the Sub Assistant Surgeon or the Vaccinator in finding out all cases to be vaccinated.

Location of vaccination staff wherever necessary

43 If the affected area is large ~~such~~ that one vaccinator

Vaccinator cannot be expected to speedily vaccinate all the unprotected children a report should at once be submitted to the higher authorities, bringing to notice the need for employing additional vaccinators. The authority receiving the report should, if satisfied with the need for extra assistance, lose no time in posting one or more additional vaccinators withdrawing them from stations where their services are not in urgent demand.

Other precautionary measures

46 ~~199~~. People should be advised to avoid going to the house infected with small-pox or freely mix with the contacts until the epidemic has completely subsided. All houses in whibh small-pox cases have occurred should be disinfected by the process of desiccation.

Special rules for plague.

prompt dessiccation of infected houses.

47 ~~199~~ The infected rat-flea being the connecting link in the transmission of plague from rat to man it is essential that prompt action should be taken having for its object the destruction of the infected flea before it is able to convey the infection to other rats or to man. The rat-~~flea~~ flea is easily killed by desiccation or the application of dry heat. As soon as the dead rat is observed in a house, such house along with the adjoining ones should be subjected to a process of thorough ~~disinfection~~ disiccation.

Desiccation how carried out

46. ~~200~~ Desiccation is carried out by spreading uniformaly in all parts of the house, paddy-straw, dry leaves or other inflamable material and setting fire to it. To ensure that desiccation is effectively carried out, it is desirable to entrust this work to a trained staff. For this purpose, a few men attached to the permanent conservancy staff in each place should be trained in the technique of disinfection so that they may be employed on disinfection work whenever necessary, their places being taken temporarily by men to be newly engaged. Similar training should be given through the Sanitary Inspector to a few village servants in all important villages. When the number affected villages is large, an itinerant gang may also be temporarily employed to practically demonstrate the method of disinfection to the villages under the supervision of Sanitary

These arrangements will obviate the necessity of

maintaining
~~Abstraction of Deaths reported from maintaining~~ a disinfection establishment throughout the year.

Disinfection of Grain

201. All grain infected with rat-flies should be exposed to bright sun light for at least couple of hours.

Method of disinfection to be followed

202. The following instructions have been laid down in Government Order No. 11273/83/San. 88-13-4 dated 11th May 1914.

(1) In the infected villages of the Mysore State bordering on the Madras Presidency, desiccation, combined with fumigation with neem leaves, lime washing and the use of the kerosine ~~kkk~~ oil emulsion should be adopted as hitherto.

(2) In all other places, disiccation, combined with fumigation with neem leaves, need alone be adopted, the use of kerosine oil emulsion being limited to the exterior surroundings of a house, such as, drains etc.,

Evacuation of houses

67. ~~203.~~ If evacuation is to secure the desired result, if should be both thorough and timely. The infected house should be vacated as soon as the infection is discovered and everything in the house should be removed to facilitate through disinfection as well as to prevent further rat infection which cannot be avoided so long as there is any article in the house that would afford shelter or sustenance to rats. It is also important that the house should not be visited again on any account until it has been properly disinfected. No evacuated house should be re-occupied within ~~kkk~~ two months and the re-occupation should be preceded by desiccation, lime white washing and the house and its sourreund

Arrangements should be made to obtain and provide hutting materials free to the poor and at cost price to others in villages where such materials are not easily available.

Requisition to the nearest medical Officer

68. ~~204.~~ The earliest possible requisition should be made on the nearest Medical Officer for (a) inoculation and (b) Medical relief. Such Medical Officer will, as far as possible attend to these measures himself and, if assistance be needed, he will apply to the District Medical Officer. At the same time that requisition is sent to the Local Medical Officer, a copy thereof should, if the requisitioning Officer be a patel, be submitted to the Amildar of the Taluk.

Inoculation

69. ~~205.~~ Immediately the Medical Officer arrives, it shall the duty of the local authority to co-operate with him in encouraging to receive medical treatment and other people to get themselves inoculated.

Destruction of rats

70. ~~206.~~ In every town and village, attention should be directed to the destruction of rats in the off-plague season. Anti-rat compaigns can be carried on with ~~more~~ chance of success in the hot dry months of the off-plague season by the use of rat traps and rat poisons, if efforts are also be made at the same time ~~lessen~~ food and shelter ~~and~~ the directions for using it for this purpose are printed in the appendix.

By-laws for Municipalities requiring houses to be rat proof

ST. ~~207.~~ Government expect every large Municipality to frame suitable by-laws ~~for~~ insisting upon houses, shops, godowns and markets being rendered rat-proof and what is more important still, in a rat free condition. Plague is generally found to begin in places in the close vicinity of markets and grain stores, in consequence of the transport of rats from infected localaties for which grain and ~~other~~ merchandise offer facilities. To countract the dissemination of ~~kkkkk~~ infection through this means the following is suggested for incorporation in the bye-laws:-

(1) ~~wh~~ever possible, the wholesale storag should be

be effected in buildings apart from those in which retail trade is carried on.

(2) Wholesale grain stores should not be ~~suitated~~ sited in close proximity to densely crowded areas of the city.

(3) Wholesale grain stores should never be utilised for purposes of human habitation.

(4) Bearing in mind that water is essential for the life of the rat, no water accessible to rats or fresh vegetables should be allowed in wholesale grain stores.

(5) As rats are unable to circumvent a smooth horizontal projection of nine inches, such a ledge surrounding a grain store on the top of a plinth 3 feet high is effective is prohibiting the ingress ~~ingress~~ of rats. On the sides of the building in which the doors are suitated, this ledge can conveniently be enlarged into ~~the~~ a platform 2 feet or 2 feet 6 inches in width. Re-inforced concrete is a suitable material for such ledges and platforms.

(6) The roof of the godowns should overhang this platform and ledge to prevent and accumulation of rain water therein.

(7) No ~~The~~ steps or similar means of facilitating ingress should be allowed. In practice, the inconvenience caused by the absence of such steps will be found inconsiderable. For unloading sacks of grain ~~grain~~ designed for such a store, the bullock cart can be pushed close to the plat-form, which is also at convenient height to facilitate the deposit therein of sacks from a cooly's back.

(8) Rats will, from time to time be introduced into such a store, but they will be compelled to leave in search of water and should find their return extremely difficult.

Rat-free stores.

52/2000 In villages and places where the cost of such pucca buildings is prohibitive, relatively rat-free stores can be made of any material, ~~proved~~ provided the roof is water-tight, by raising the floor on uprights surmounted by rat guards similar in design to those commonly employed on ships cables. These uprights should be at least 3 feet high and would support the beam on which the floor rests. The floor might be made of wood. The space underneath the floor can be left open and kept free from weeds and rank-growth with but little trouble.

Railway goods sheds rat free.

53/2000. The agent, Mysore Railways, should ~~take~~ take suitable steps to secure the freedom of Railway Goods Sheds from rat infestation.

Relapsing Fever.

Report of outbreak — Relapsing Fever.

54. As soon as any case of high fever which shows a tendency to relapse every fifth to seventh day is observed in any area, the local authrotiy should at once notify the fact to the nearest Sub Assistant Surgeon as well as the the Amildar or the Deputy Amildar of the Taluk or Sub-Taluk

Symptoms

55. The disease may be suspected when there is a sudden [illegible] of high fever lasting from 5 to 7 days, accompanied by extreme prostration and excessive sweating and particularly, when the fever shows a tendency to relapse every 5th - to 7th day. The patient may also develop jaundice of varying degree.

Prevention & cure of deare

56. The Sub Assistant Surgeon shall immediately proceed to the place and afford the specific treatment. He shall also with the assistance of the Sanitary Inspector induce the contacts to observe personal cleanliness and to delouse their persons and effects. Cloths and bed linen should be caused to be kept steeped for some time in boiling water. Bedding should be thoroughly exposed to the sun every day. The Sanitary Inspector should endeavour to secure the maintenance of better sanitation in the dwellings and of the locality generally.

Procedure in emergencies when epidemics, other than cholera, Small Pox or Plague occur.

57. Whenever there is a marked rise in the mortality or sickness in any town or village and the cause thereof is at the time unknown, the local authority shall have power to take such measures in consultation with and on the advice of the local Sanitary Medical Officer and incur such expenditure as may be necessary to reduce the sickness and the mortality in the town or village. These measures include organisation of staff, medical relief and provision of nourishment to the sick. In all emergencies the Local Authority shall take the initiative without delay, pending instruction from the higher authorities.

B. B. Ry. Engr.

29/12/42

RULES FOR COMBATING EPIDEMICS.

1. Definition. The term "Epidemic" refers to diseases due to the specific microbes, e.g. those of cholera, small-pox, plague, etc., which affect or are likely to affect a large number of people at the same time.

Organisation, Equipment and procedure in rural areas.

2. Agency invested with responsibility for action.

The Amildars of Taluks and Deputy Amildars of sub taluks, assisted by the Village Panchayet Inspectors shall be responsible under the general or special instructions of the Deputy Commissioner and of the District Health Officer on his behalf, for the observance of the rules prescribed hereunder for rural areas - both the general rules pertaining to procedure and the special ones laid down under specific diseases. The District Board Sanitary Inspector for the area shall likewise be responsible to carry out such duties as may be assigned to him by (the District Health Officer) in furtherance of the preventive measures. The Sanitary Inspector while posted for epidemic duty shall be relieved of all other duties.

9. Prompt report of outbreaks of epidemics.

(a) By local officer. It shall be the duty of the patel or, in his absence, of the shanbogue, to prepare in quadruplicate and submit simultaneously by express messenger a report to (1) Local Medical Officer within whose jurisdiction the village is situated (2) The Sanitary Inspector (through the Amildar) (3) The District Medical Officer and

(c) The President, District Board, as soon as cases of any epidemic, whether imported or indigenous, occur and in the case of plague, immediately rat mortality is observed in the village.

(b) By Amildar or Deputy Amildar. The Amildar or the Deputy Amildar on receipt of the report from any village shall send immediate information (1) to the Medical Officer in charge of the nearest Dispensary (2) to the Presidents of Municipal Councils in the taluk, (3) to the District Medical Officer (4) to the District Health Officer in the Districts where a separate officer is stationed (5) to the Deputy Commissioner of the District and (6) President of the District Board (6) the Amildars of the adjoining taluks and (7) to the Sanitary Commissioner.

5. Preliminary action before the arrival of Medical Officer (a) by Patel:

The Patel or in his absence the shanbogue, pending the arrival of superior officers, shall notify to the villagers the expediency of following the elementary sanitary rules (printed as an annexure) and make arrangements to see that the Sanitation near the infected locality is carefully observed. These arrangements shall include the adoption as far as possible of such of the preventive measures as can be carried out without any professional assistance.

(b) By Amildar or Deputy Amildar. If the Medical officer or the Village Panchayet Inspector has not already proceeded to the village, the Amildar or the Deputy Amildar shall forthwith proceed to the village and

personally see to the carrying out of disinfections and other preventive measures. He may leave the village before the arrival of a Medical subordinate or Village Panchayet Inspector, in case the hobli shekdar is left in the village to carry out his instructions. Special endeavour should be made to encourage and develop local initiative by enlisting the co-operation of the Village Panchayet Members and of voluntary workers possessing influence in the villages.

4. Form of report and frequency of submission

~~Form-of-report-and-frequency-of-submission~~

The report alluded to in the third paragraph should be in the following form :--

Daily return of Epidemics in the Village Taluk.

of the disease characteristic symptoms noticed.	Date of commencement.	Attacks.	Deaths.	Remarks as to particular locality, etc.
1	2	3	4	5

Date

Signature of the Patel.

The report should be submitted by the Patel daily till after a week of the occurrence of the last case of the epidemic in the village.

8. Stock of disinfectants and medicine.

The Deputy Commissioner should, in consultation with ~~the President of~~ the District Boards in the Districts ~~where there is a whole-time President~~, see that each Taluk office is supplied with a sufficient quantity of disinfectants and a sufficient number of medicine chests with a complete set of instructions ~~for the use of the medicine and disinfectants~~ for the use of the medicine and disinfectants the quantity and number of these articles being fixed in consultation with the Sanitary Commissioner and the Senior Surgeon respectively. The Amildar or the Deputy Amildar will be responsible for maintaining sufficient stock of medicine and disinfectants in the taluk.

9. Custody and issue of disinfectants and Medicine.

The stock of medicine and disinfectants should be kept in the taluk office but its issue will be regulated by the local Medical Officer who, on receipt of first information of an outbreak of an epidemic, will advise the Amildar or the Deputy Amildar as to the quantity of medicine and disinfectants that may be issued for use in the affected area. If the medical officer himself proceeds to the village, he shall take with him both disinfectants and required medicines. In the case of villages with a population of over 1,000, the Amildar or the Deputy Amildar should arrange to leave with the Patel, or the Chairman of the Village Panchayet as the case may be, a sufficient quantity of disinfectants and a couple of medicine chests with clear written instructions for its use.

~~10.~~ 9. Application for medical assistance and extra sanitary staff.

If the epidemic breaks out in more than one village at the same time and the services of the Village Panchayet Inspector and the Medical Subordinate are otherwise fully employed, the Amildar shall apply without loss of time to the District Medical Officer for medical assistance and to the Deputy Commissioner for additional sanitary staff. In the meantime, suitable arrangements should be made for the adoption of preventive measures, a temporary gang for disinfection and observation work being employed, if necessary. The ~~Amildar~~ Municipal councils and Village Panchayets should arrange to train a few men in the permanent conservancy staff in the technique of disinfection so that they may be deputed for preventive duty - their places being taken by the temporary gang newly employed. Similar training should be given through the Village Panchayet Inspectors to a few local men in all important villages.

~~11.~~ 10. Organisation of Preventive and Medical staff.

Should it appear to the Deputy Commissioner that any epidemic immediately ~~xhexx~~ threatens to spread into several villages at the same time, he should immediately arrange to organise a preventive and medical staff and place it at the disposal of District Health Officer for working these rules. The staff should be stationed in a central place in the affected area and ~~will~~ should operate in the villages situated within a radius of five miles from such place. The apparatus, disinfectants and medicine chests required by the staff should be issued from the nearest Taluk office, the stock being replenished wherever necessary from this source.

~~12.~~ 9 Personnel of the staff. The staff shall ordinarily consist of :--

(1) The village Panchayet Inspector of the Taluk.
(2) One Maistry and a gang of temporary coolies not less than six in number and
(3) A Sub Assistant Surgeon drawn from the Medical Department and trained in inoculation work and in giving intravenous injections.

It will be the duty of Members of preventive staff to obtain early information as to the cases of epidemics occurring in the circle, to visit every house in which a case has occurred, to thoroughly disinfect the infected house, including the floors the walls and the furniture with a solution of phenyle or cyllin (or other disinfectant) that may from time to time be issued from the Medical Stores.

The Sub Assistant Surgeon also shall reside in a central place and be available for attendance, free of charge, on the sick in their own houses. The Village Panchayets in the area should as early as possible be associated with the work of the staff, both preventive and medical. They should be frequently consulted as to the course of action consistently with these rules and their suggestions for payment of compensation, construction of temporary isolation sheds, sinking of temporary wells, etc., duly carried out.

~~13.~~ 10 Powers of sanction of ~~Deputy Commissioner~~ District Boards. The ~~Deputy Commissioners~~ District Boards are empowered to sanction within the limits of the Budget provision :--

(a) the employment of temporary gangs.
(b) the purchase of diet articles and country medicines.
(c) other contingent charges pertaining to relief measures; and

(d) compensation for infected bedding and clothing destroyed.

In the case of the available grant in the Budget being found inadequate by reason of an unusual severity of prevalence of the disease in the district, a special grant-in-aid may be applied for to the Government through the Sanitary Commissioner.

14. Imprest for expenditure. The Amildar or the Deputy Amildar as the case may be should be provided with a permanent advance of Rs.50/- for expenditure under epidemics charges, the whole or a part of which may be given to the subordinate officer immediately responsible for working the rules, the advance being recouped from time to time by bills supported by vouchers.

15. Final report of measures adopted. The Amildar or the Deputy Amildar should, fifteen days after the occurrence of the last attack in the area, submit a report on the epidemic and the action taken to the Deputy Commissioner who will transmit the report to Government through the Sanitary Commissioner.

Section II. Organisation, Equipment and Procedure in Urban areas other than City Municipalities.

16. Agency. The ~~Presidents of the~~ Municipal Councils, assisted by the Local Sanitary Inspector and advised by the Local Medical officer, shall be responsible for taking prompt and effective measures to prevent the spread of epidemic diseases in Municipal areas.

17. Information of outbreak of epidemic. The President of the Municipal Council should arrange to obtain the earliest possible information of cases of any epidemic occurring

within close proximity to the Municipality. Such arrangements include the formulation and the effective working of bye-laws~~, if necessary,~~ under the provisions contained in the Municipal Regulations for the compulsory notification of cases of illness due to epidemic diseases. ~~It is also open to~~ The Municipal Council ~~to~~ should also invest selected members of its regular staff with the duty of finding out and reporting the occurrence of epidemic diseases.

~~18.~~ Report to higher officers and adjoining taluks.

On receipt of the first report on an epidemic, the President should send immediate information to--

(1) the Medical Officer in charge of the Local Dispensary, if there is one, or the nearest Dispensary,

(2) the Amildar of the Taluk.

(3) the District Health officer, if there is one in the District;

(4) the Amildars of the adjoining taluks;

(5) the District Medical Officer,

(6) the Deputy Commissioner of the district and the President of the District Board.

(7) the Sanitary Commissioner in Mysore.

~~19.~~ Committee to be appointed. In every Municipality, a Committee should be appointed to combat and prevent epidemic diseases in consultation with the Deputy Commissioner of the District, consisting of two or more of the Municipal Councillors, whose duty it will be to advise and assist the President in all matters relating to epidemic diseases prevention in the Municipality. The Committee will have power to associate volunteers, possessing influence in the local area, in the arrangements made for preventing the epidemic or affording relief to the people.

~~20.~~ Organisation of preventive staff. In

every Municipality, a few of the permanent hands preferably among the existing Sanitary Conservancy staff, should be trained in the special work of disinfection and observation. When an epidemic actually breaks out or when there is reason to apprehend its outbreak, the trained men should be withdrawn from their current duties and detailed for special work, their places being taken by temporary men. ~~The Chairman is empowered to appoint a temporary staff consisting of one peon and not more than two cooties for every thousand of population~~ to replace the permanent men withdrawn for special duty or to augment the preventive staff whenever necessary.

The M. C. should appoint a temporary staff

20. Powers of sanction of Presidents. The Presidents are empowered to incur, within the limits of the Budget provision, and on the advice of the special committee, expenditure on --

(a) The employment of temporary gangs as detailed in the preceding paragraph.

(b) The purchase of diet articles and country medicines.

(c) Other contingent charges pertaining to relief measures.

(d) Compensation for infected bedding and clothing destroyed.

21. Provision to be made in the budget to meet epidemic charges.

Necessary provision should be made in the Budget of the Municipal Council for epidemic charges calculated on the basis of Rs.1000/- for every 10,000 of population.

In the case of available grant of Budget being found inadequate by reason of unusual severity of the prevalence of the disease, the Municipal Council may apply to the Government for a special grant-in-aid through the Director

~~22.~~ Stock of disinfectants and medicines. The Presidents should have in the Municipal stores, a sufficient quantity of disinfectants and the necessary apparatus for carrying out disinfection, the nature ~~of~~ and the quantity of the articles to be stocked being determined in consultation with the ~~(Sanitary Commissioner)~~ Senior Surgeon or Local Medical Officer. He should also obtain a few medicine chests from the Senior Surgeon and stock them for use during emergencies by the Local Medical Officer, or if there is none, pending the arrival of the Medical Officer, from the nearest dispensary. Each medicine chest should contain in the vernacular, a complete set of instructions for the use of medicines.

23. Duties of the preventive staff. It will be the duty of the members of preventive staff to obtain early information as to the cases of the epidemic occurring in the Municipality, to visit every house in which cases have occurred, to thoroughly disinfect the infected house and generally to carry out all instructions issued by the President ~~(on the advise of the Committee or the District Health Officer.)~~

24. Permanent facilities and equipment. Arrangements should be made in every Municipality for the construction of sheds according to approved designs, the number of such sheds depending upon the population of the Municipality and the frequency of the prevalence of the epidemics.

These sheds should be used as --

(a) Health Camp for the temporary occupation of the people required to vacate their own houses for disinfection purposes.

(b) Contact sheds.

(c) Isolation wards for the segregation and treatment of the sick.

Each of the three groups of sheds should of course be at some distance from each other, the isolation sheds being preferably located as near as conveniently possible to the dispensary buildings. The isolation wards should be furnished with cots, bedding and clothing and equipment.

Duty of Municipal Councils in regard to epidemic prevention.

25. ~~Trend of policy in~~ regard to epidemic ~~preservation~~. With a view to minimise the ravages of plague and cholera ~~Government expect~~ early action ~~being taken in every Municipality~~ for the formation and effective working of Bye-laws relating to --

Should be taken by every Municipality

(a) House Construction.

(b) Enforcement of rat-proof conditions in existing dwellings.

(c) The formation of well planned town extensions and the prevention of the contamination of the water supply by fitting up pumps, wherever feasible or other items that require continuous attention.

26. Medical aid. It shall be the duty of the Medical Officer to arrange for the treatment of cases of epidemic diseases in Municipalities where there are no hospitals. In other cases the local Medical Officer should render the necessary medical assistance. Should, however, the epidemic assume a serious aspect, the President ~~will~~ shall apply to the District Medical Officer for extra medical aid and the latter officer should make the necessary arrangements after inspecting the locality, if necessary.

27. Final report of the measures adopted. The President should submit, a fortnight after the epidemic has completely ceased, a

a detailed report of the outbreak of the epidemic and measures taken to combat it, to the Deputy Commissioner.

The Preventive staff may ~~be~~ continue for two weeks after the last case has occurred and then disbanded.

III Special Rules for Cholera.

28. Mode of spread of cholera and objects aimed at in preventive methods.

The infection of cholera is conveyed by the microbes that exist in the excreta of persons attacked by the disease. Cholera is usually spread by persons infecting the drinking water supply, frequently also by flies infecting food and occasionally through persons who although they are apparently healthy yet harbour the microbes in their intestines. The present rules aim primarily for providing for either the immediate distruction of these microbes or for minimising the chances of their being conveyed into substances in which they will be swallowed by other persons.

29. Occasions when special vigilence is needed.

It shall be the duty of the Local authorities ~~to~~ keep themselves informed of the occurrence of the cholera cases in the adjoining towns and villages and lose no time in taking precautionary measures when an outbreak is apprehended or appears imminent. Special caution should be exercised when there is a movement of a large number of people to places outside the local area for purposes of attending fairs and festivals or when pilgrims pass through the towns or villages on their way to or from places of pilgrimage within the Calle[illegible] be not actually affected with cholera at the time

30. Precautionary measures when an outbreak of Cholera is imminent or apprehended.

The general precautionary measures to be adopted on such occasions are :--

(a) Prevention as far as possible of outsiders from having access and fouling the watersupply.

(b) Sinking and temporary use of infiltration wells in case of water supply in the town or village is obtained from tanks and streams.

Note. Amildars are empowered to get temporary wells sunk immediately on the appearance of cholera in villages and meeting the cost out of the imprest of Rs.50/- placed at their disposal ~~under rule [illegible]. (please vide General Secretary's No. dated~~

31. As a general precaution, all wells in the local area should be permanganated thoroughly once during the hot weather every year whether there is cholera or not. If potassium permanganate is not readily available, quick lime may be used with equally good results.

32. Disinfection of sources of water-supply. Immediately on an outbreak of cholera all wells in the affected area should be treated with sufficient quantity of potassium permanganate so as to leave a pink colour for twenty four hours. In the absence of potassium permanganate, a couple of baskets of quick lime should be used for each well. The same precaution should be taken in the case of wells in the adjoining villages, though they may be uninfected (see also appendix).

33. Prevention of contamination of water. During epidemic times, [illegible] policemen, wherever available, should be

posted near step wells, tanks, or streams, to prevent the contamination of water by bathing or washing of cloths. In the case of draw wells, it should be well to employ a ~~high caste~~ man to draw water and supply it for drinking purposes to all who resort to the well.

~~34.~~ Prevention of multiplication of flies. Special attention should be paid to the frequent removal of nightsoil and other refuse to a distance from the town or village. The rubbish should be either buried deep or covered with a layer of a quicklime to prevent the breeding of flies.

~~35.~~ Facilities to be provided to people for personal prophylaxis.

Every house from which a cholera case is reported should be promptly supplied with --

(a) A solution of phenyle with instructions that the people who attend on the patient should wash their hands with it each time they touch the patient or the excreta.

(b) One grain packets of potassium permanganate for internal use in solution by the patient as well as contacts.

~~36.~~ Segregation of patients and contacts.

On the occurrence of a case of cholera, the people should be persuaded to send the patient to the isolation ward, if there is one, and themselves removed to the Health sheds. If facility for segregation is not in existence, it is desirable that the local authorities should arrange to put up temporary huts.

~~37.~~ Disinfection (a) of excreta. Great care should be taken to see that all choleraic vomit and excreta are at once collected, mixed with saw dust, paddy husk or other combustible matter, and burnt on or near the premises; if not burnt, the excreta should be buried deep far away from ~~the~~ sources of water supply.

38. (b) Of effects. All infected material, if of no value should be burnt; if valuable they should be immersed in boiling water and then dried in direct sun-light. Compensation claimed on account of valuables destroyed should in all cases be paid.

39. (c) Of the infected house. After a case of cholera, the house and especially the room occupied by the patient should be thoroughly disinfected with solution of phynile. Drains which discharge into the open should be flushed with the same solution.

40. Disposal of the dead body. In cases in which the attack of cholera proves fatal, it shall be the duty of the local authority to see that the mode of disposal of the dead body does not constitute a source of infection, special arrangements being made to ensure that dead bodies are properly buried and away from sources of water supply.

41. Drinking boiled water. The occurrence of cholera in any place should be made known to the people who should be warned to boil all the drinking water.

Special rules for small-pox.

42. Prompt vaccination of unprotected children As soon as a case is notified in any area, the local authority should send an urgent requisition to the Sub Assistant Surgeon or the Vaccinator, as the case may be, to vaccinate all the unprotected children in the area. The revaccination of persons who have not been vaccinated for five years previously should be encouraged as far as possible. ~~It shall be the duty of the Local authority as far as possible. The duty of the Sub Assistant Surgeon or the~~

Should be given facilities to find

or the Vaccinator ~~in finding~~ out all cases to be vaccinated.

~~43.~~ Concentration of vaccination staff wherever necessary.

If the affected area is so large that one vaccinator cannot be expected to speedily vaccinate all the unprotected children, a report should at once be submitted to the ~~higher~~ proper authorities, bringing to notice the need for employing additional vaccinators. The authority receiving the report should, if satisfied with the need for extra assistance, lose no time in posting one or more additional vaccinators, withdrawing ~~them~~ men, if available from stations where their services are not in urgent demand.

May remain as amended

~~44.~~ Other preventive measure. People should be advised to avoid going to the house infected with small-pox or freely mix with the contacts until the epidemic has completely subsided. All houses in which small-pox cases have occurred should be disinfected by the process of desiccation.

Special rules for Plague.

~~45.~~ Prompt desiccation of infected houses. The infected rat-flea being the connecting link in the transmission of plague from rat to man, ~~it is essential that~~ prompt action should be taken ~~having~~ for ~~its object~~ the destruction of the infected flea before it is able to convey the infection to other rats or to man. The rat-flea is easily killed by desiccation or the application of dry heat. As soon as a ~~the~~ dead rat is observed in a house, such house along with the adjoining ones should be subjected to a process of thorough dessication.

~~46.~~ Desiccation how carried out. Desiccation

is carried out by spreading uniformaly in all parts of the house, paddy, straw, dry leaves or other inflammable material and setting fire to it. To ensure that desiccation is effectively carried out, ~~it is desirable to entrust this work~~ the work should be entrusted to a trained staff. For this purpose, a few men attached to the permanent concervancy staff in each place, should be trained in the technique of disinfection so that they may be employed on disinfection work whenever necessary, their places being taken temporarily by men to be newly engaged. Similar training should be given through the Panchayet ~~Sanitary~~ Inspector to a few village servants in all important villages. When the number of affected villages is large, an itinerant gang may also be temporarily employed to practically demonstrate the method of disinfection to the villages under the supervision of Panchayet ~~Sanitary~~ Inspectors. These arrangements will obviate the necessity of maintaining disinfection establishment throughout the year.

Disinfection of grain. All grain infected with rat-flea should be exposed to bright sun light for at least a couple of hours.

Method of disinfection to be followed.

The following instructions have been laid down in Government Order No. 11273/88-13-4 dated 11th May 1914--

(1) In the infected villages of the Mysore State bordering on the Madras Presidency, desiccation, combined with fumigation with neem leaves, lime washing and the use of the kerosine oil emulsion should be adopted as hitherto.

(2) In all other places, desiccation combined with fumigation with neem leaves, neem

the use of kerosine oil emulsion being limited to the exterior surroundings of a house, such as, drains etc.

147. Evacuation of infected houses. If evacuation is to secure the desired result, it should be both thorough and timely. The infected house should be vacated as soon as the infection is discovered and everything in the house should be removed to facilitate through disinfection as well as to prevent further rat infection which cannot be avoided so long as there is any article in the house that would afford shelter or sustenance to rats. It is also important that the house should not be visited again on any account until it has been properly disinfected. No evacuated house should be re-occupied within two months and the re-occupation should be preceded by desiccation, lime white-washing and the general tidying up of the house and its surroundings.

Arrangements should be made to obtain and provide hutting materials free to the poor and at cost price to others in villages where such materials are not easily available.

148. Requisition to the nearest medical officer The earliest possible requisition should be made on the nearest Medical Officer for (a) inoculation and (b) Medical relief. Such Medic Officer will, as far as possible, attend to these measures himself and if assistance be needed, he will apply to the District Medical Officer. At the same time that requisition is sent to the Local Medical Officer, a copy thereof should, if the requisitioning officer be a patel, be submitted to the Amildar of the Taluk.

4e Inoculation. Immediately the Medical Officer arrives, ~~it shall the duty of~~ the local authority ~~to~~ co-operate with him in encouraging the patients to receive medical treatment and other people to get themselves inoculated.

~~50.~~ Destruction of rats. In every town and village, attention should be directed to the destruction of rats in the off-plague season. Anti-rat compaigns can be carried on with greater chance of success in the hot dry months of the off-plague season by the use of rat traps and rat poisons, if efforts are also be made at the same time to deprive food and shelter to them and follow the directions for using it for this purpose which are printed in the appendix.

~~51. Bye-laws for rendering residential houses, shops, etc rat proof.~~

Government expect every large Municipality to frame suitable bye-laws insisting upon houses, shops, godowns and markets being rendered rat-proof and what is more important still, to maintain them in a rat free condition. Plague is generally found to begin in places in the close vicinity of markets and grain stores, in consequences of the transport of rats from infected localities for which grain and similar merchandise offer facilities. To counteract the dissemination of infection through this means, the following is suggested for incorporation in the bye-laws :--

(1) Wherever possible, the wholesale storage of grain should be effected in buildings apart from those in which retail trade is carried on .

(2) Wholesale grain stores should not be situated in close proximity to densely crowded areas of the city.

(3) Wholesale grain stores should never be utilised for purposes of human habitation

(4) Bearing in mind that water is essential for the life of the rat, no water accessible to rats or fresh vegetables should be allowed in wholesale grain stores.

(5) As rats are unable to circumvent a smooth horizontal projection of nine inches, such a ledge surrounding a grain store on the top of a plinth 3 feet high is effective in prohibiting the ingress of rats. On the sides of the building in which the doors are situated, this ledge can conveniently be enlarged into a platform 2 feet or 2 feet 6 inches in width. Re-inforced concrete is a suitable material for such ledges and platforms.

(6) The roof of the godowns should overhang this platform and ledge to prevent any accumulation of rain water therein.

(7) No steps or similar means of facilitating ingress should be allowed. In practice, the inconvenience caused by the absence of such steps will be found inconsiderable. For unloading sacks of grain designed for such stores, the bullock cart can be pushed close to the plat-form, which is also at convenient height to facilitate the deposit therein of sacks from a cooly's back.

(8) Rats will from time to time be introduced into such a store, but they will be compelled to leave in seach of water and should find their return extremely difficult.

52. Cheaper Rat-free stores. In villages and

places where the cost of such pucca buildings is prohibitive, relatively rat-free stores can be ~~xxxxxx~~ made of any material provided the roof is water-tight, by raising the floor on uprights surmounted by rat guards similar in design to those commonly employed on ships cables. These uprights should be at least 3 feet high and would support the beam on which the floor rests. The floor might be made of wood. The space underneath the floor can be left open and kept free from weeds and rank-growth with but little trouble.

~~53.~~ Keeping Railway-goods sheds rat-free. The Agent, Mysore Railways, should take suitable steps to secure the freedom of Railway Goods Sheds from rat infestation.

Relapsing Fever.

~~54.~~ Report of out-break. As soon as any case of high fever which shows a tendency to relapse every fifth to seventh day is observed in any area, the local authority should at once notify the fact to the nearest Sub Assistant Surgeon as well as the Amildar or the Deputy Amildar ~~(of the Taluk or Sub Taluk)~~.

~~55.~~ Symptoms. The disease may be suspected when there is a sudden onset of high fever lasting from 5 to 7 days, accompanied by extreme prostration and excessive sweating and particularly, when the fever shows a tendency to relapse every 5th to 7th day. The patient may also develop jaundice of verying degree.

~~56.~~ Prevention and cure of disease. The Sub Assistant Surgeon shall immediately proceed to the place and afford the specific

treatment. He shall also with the assistance of the Sanitary Inspector induce the contacts to observe personal cleanliness and to delouse their persons and effects. Clothes and bed linen should be caused to be kept steeped for some time in boiling water. Bedding should be thoroughly exposed to the sun every day. The ~~Sanitary~~ Inspector should endeavour to secure the maintenance of better sanitation in the dwellings and of the locality generally.

Procedure in emergencies when epidemics other than Cholera, Small-pox or Plague occur

~~56~~. Whenever there is a marked rise in the mortality or sickness in any town or village and the cause thereof is at the time unknown, the local authority ~~shall have power to~~ take such measures in consultation with and on the advice of the local Sanitary or Medical Officer and incur such expenditure as may be necessary to reduce the sickness and the mortality ~~in the town or village.~~ These measures include organisation of staff, medical relief and provision of nourishment to the sick. In all emergencies the Local authority ~~shall~~ take the initiative without delay, pending instruction from the higher authorities.

3 Draft

10 Copies

To

The Presidents of District Boards

Through the Deputy Commissioner in the case of Bangalore, Kolar & Hassan

5/1/29

Sans 13-25-19

G 9287-94 & 21.1.29.

Sir,

I am directed to state that rules for combating epidemics were issued in G.O. No.G 21371-402/San. 101-17-12 dated 25th March 1919. These rules have not got the force of law in as much as they are not issued under any Regulation. As the Mysore Municipal Regulation was amended ~~considerably~~ in several matters and a new District Boards and a new Village Panchayets Regulation have been enacted, the Sanitary Commissioner was requested to revise the rules for combating epidemics with a view to co-ordinate the work of the Sanitary Department and ~~that~~ the work of the local bodies and define their functions clearly and submit them for the consideration of Government. The Sanitary Commr. has accordingly forwarded a revised set of draft rules. These draft rules generally follow the rules issued in 1919.

2. In this connection, Govt. consider it necessary that the rules should be issued in the form of bye laws under the provisions of the Mysore District Boards and the Mysore Village Panchayet Regulations so that information in regard to epidemics may be effectively obtained and suitable measures adopted under the law.

3. The important draft rules relating to rural areas are revised and annexed hereto for being placed before the District Board & passed as bye-laws under the District Boards

Regulation with such changes as may appear necessary in each case.

4. The bye-laws made by the District Board after observing the prescribed procedure may be submitted to Govt. for sanction in due course.

I have etc.,

4/1129

Gen. Secretary to Govt.

28/1/29

Memo No. 9295/G1 & 31.1.29

Dated, Bangalore

Copy of the above together with a copy of its enclosure is forwarded with compliments to the Sanitary Commissioner for information.

By Order,

28/1/29 Gen. Secretary to Govt.

Copy to L.S.G. Branch

Jog
28/1/29

Organisation, Equipment and procedure in rural areas.

--:0:--

1. Agency invested with responsibility for action. The Amildars of Taluks and Deputy Amildars of sub taluks, assisted by the Village Panchayet Inspectors shall be responsible under the general or special instructions of the Deputy Commissioner and of the District Health Officer on his behalf, for the observance of the rules prescribed hereunder for rural areas - both the general rules pertaining to procedure and the special ones laid down under specific diseases. The District Board Sanitary Inspector for the area shall like-wise be responsible to carry out such duties as may be assigned to him by the District Health Officer, in furtherance of the preventive measures. The Sanitary Inspector while posted for epidemic duty shall be relieved of all other duties.

2. Prompt report of outbreaks of epidemics. (a) By local officer. It shall be the duty of the patel or, in his absence, of the shanbogue, to prepare in quadruplicate and submit simultaneously by express messenger a report to (1) Local Medical Officer within whose jurisdiction the village is situated (2) The Sanitary Inspector through the Amildar (3) The District Medical Officer and (4) The President, District Board, as soon as cases of any epidemic, whether imported or indigenous, occur and in the case of plague, immediately rat mortality is observed in the village.

(b) By Amildar or Deputy Amildar. The Amildar or the Deputy Amildar on receipt of the report from any village shall send immediate information (1) to the Medical Officer in charge of the nearest Dispensary (2) to the Presidents of Municipal Councils in the taluk, (3) to the District Medical Officer (4) to the District Health Officer in the District where a separate officer is stationed (5) to the Deputy Commissioner of the District and the President of the District Board (6) the Amildars of the adjoining taluks and (7) to the Sanitary Commissioner.

3. Preliminary action before the arrival of Medical Officer (a) by Patel. The Patel or in his absence, the shanbogue, pending the arrival of superior officers, shall notify to the villagers the expediency of following the elementary sanitary rules (printed

printed as an annexure) and make arrangements to see that the Sanitation near the infected locality is carefully observed. These arrangements shall include the adoption as far as possible of such of the preventive measures as can be carried out without any professional assistance.

(b) By Amildar or Deputy Amildar. If the Medical Officer or the Village Panchayet Inspector has not already proceeded to the village, the Amildar or the Deputy Amildar shall forthwith proceed to the village and personally see to the carrying out of disinfections and other preventive measures. He may leave the village before the arrival of a Medical subordinate or Village Panchayet Inspector, in case the hobli shekdar is left in the village to carry out his instructions. Special endeavour should be made to encourage and develop local initiative by enlisting the co-operation of the Village Panchayet Members and of voluntary workers possessing influence in the villages.

4. Form of report and frequency of submission. The report alluded to in the third paragraph should be in the following form:-

Daily return of Epidemics in the Village Taluk.

Name of the disease and characteristic symptoms noticed.	Date of commencement.	Attacks.	Deaths.	Remarks as to particular locality etc.
1	2	3	4	5

Date

Signature of the Patel.

The report should be submitted by the Patel daily till after ... of the occurrence of the last case of the epidemic in the village.

5. Stock of disinfectants and medicine. The Deputy Commissioner should, in consultation with the District Board in the Districts, see

see that each Taluk office is supplied with a sufficient quantity of dis-infectants and a sufficient number of medicine chests with a complete set of instructions for the use of disinfectants and the medicine, the quantity and number of these articles being fixed in consultation with the Sanitary Commissioner and the Senior Surgeon respectively. The Amildar or the Deputy Amildar will be responsible for taking prompt action to maintain sufficient stock of medicine and disinfectants in the taluk.

6. Custody and issue of disinfectants and Medicine. The stock of medicine and disinfectants should be kept in the taluk office but its issue will be regulated by the local Medical Officer who, on receipt of first information of an outbreak of an epidemic, will advise the Amildar or the Deputy Amildar as to the quantity of medicine and disinfectants that may be issued for use in the affected area. If the medical officer himself proceeds to the village, he shall take with him both disinfectants and required medicines. In the case of villages with a population of over 1,000, the Amildar or the Deputy Amildar should arrange to leave with the Patel, or the Chairman of the Village Panchayet as the case may be, a sufficient quantity of disinfectants and a couple of medicine chests with clear written instructions for its use.

7. Application for medical assistance and extra sanitary staff.

If the epidemic breaks out in more than one village at the same time and the services of the Village Panchayet Inspector and the Medical Subordinate are otherwise fully employed, the Amildar shall apply without loss of time to the District Medical Officer for medical assistance and to the Deputy Commissioner for additional sanitary staff. In the meantime, suitable arrangements should be made for the adoption of preventive measures, a temporary gang for disinfection and observation work being employed, if necessary. The Municipal Councils and Village Panchayets should arrange to train a few men in the permanent conservancy staff in the technique of disinfection so that they may be deputed for preventive duty - their places being taken by the temporary gang newly employed. Similar training should be given through the Village Panchayet Inspectors to a few local men in all important villages.

8. Organisation of Preventive and Medical staff. Should it appear to the Deputy Commissioner that any epidemic immediately threatens to spread into several villages at the same time, he should immediately arrange to organise a preventive and medical staff and place it at the disposal of District Health Officer for working these rules. The staff should be stationed in a central place in the affected area and should operate in the village situated within a radius of five miles from such place. The apparatus, disinfectants and medicine chests required by the staff should be issued from the nearest Taluk office, the stock being replenished whereever necessary from this sourse.

9. Personnel of the staff. The staff shall ordinarily consist of:-

(1) The village Panchayet Inspector of the Taluk.
(2) One Maistry and a gang of temporary coolies not less than six in number and
(3) A sub Assistant Surgeon drawn from the Medical Department and trained in inoculation work and in giving intravenous injections.

It will be the duty of Members of preventive staff to obtain early information as to the cases of epidemics occurring in the circle to visit every house in which a case has occurred, to thoroughly disinfect the infected house, including the floors, the walls and the furniture with a solution of phenyle or cyllin (or other disinfectant) that may from time to time be issued from the Medical Stores.

The Sub Assistant Surgeon also shall reside in a central place and be available for attendance free of charge, on the sick in their own houses. The Village Panchayets in the area should as early as possible be associated with the work of the staff, both preventive and medical. They should be frequently consulted as to the course of action consistently with these rules and their suggestions for payment of compensation, construction of temporary isolation sheds, sinking of temporary wells, etc., duly carried out.

10. Powers of sanction of the District Boards.

The District Boards are empowered to sanction within the limits of the Budget provision:-

(a) the employment of temporary gangs.
(b) the purchase of diet articles and country medicines
(c) other contingent charges pertaining to relief measures; and
(d) compensation for infected bedding and clothing destroyed.

In the case of the available grant in the Budget being found inadequate by reason of an unusual severity of prevalence of the disease in the district, a special grant-in-aid may be applied for to the Government through the Sanitary Commissioner.

11. Imprest for expenditure. The Amildar or the Deputy Amildar as the case may be should be provided with a permanent advance of Rs.50/- for expenditure under epidemic charges, the whole or a part of which may be given to the subordinate officer immediately responsible for working the rules, the advance being recouped from time to time by bills supported by vouchers.

12. Final report of measures adopted. The Amildar or the Deputy Amildar should, fifteen days after the occurrence of the last attack in the area, submit a report on the epidemic and the action taken to the Deputy Commissioner who will transmit the report to Government, through the Sanitary Commissioner.

R Bom

for Lt. Secretary to Govt.

R Bom

30 Pls

10 Copies

To

The Deputy Commrs of Districts.

San 13-2-20

G 9296-303/C/1 each
dy 31.1.29

Sir,

I am directed to state that rules for combating epidemics were issued in G.O.No.G 21371-402/San 101-17-12 dated 25th March 1919. These rules had not the force of law not having been issued under any Regulation. As the Mysore Municipal Regalation was amended considerably and a new District Boards and a new Village Panchayets Regulation have been enacted, the Sanitary Commissioner was requested to revise the rules for combating epidemics with a view to co-ordinate the work of the Sanitary Department and the local bodies and define their functions clearly and submit them for the consideration of Govt. The Sanitary Commissioner has accordingly forwarded a revised set of draft rules. These draft rules generally follow the rules issued in 1919.

2. In this connection Govt. consider it necessary that the rules should be issued in the form of bye-laws under the provisions of the Mysore Municipal Regulation so that information in regard to epedemics may be effectively dealt with under the law.

Section II of Flag H.

3. The important draft rules relating to Municipal ~~areas~~ areas are revised and annexed hereto for being placed before the Municipal Council and passed as bye-laws under the Mysore Municipal Regulation with changes that may appear necessary in each case.

4. The bye-laws made by each Munici-

Municipal Council after observing the prescribed procedure may be submitted -to Government for sanction in due course.

I have the etc.,

Gen. Secretary to Govt.

Memo No. 9204 /B 31.1.29.

Dated, Bangalore

Copy of the above together with its enclosure is forwarded with compliments to the Sanitary Commr. for information.

By Order,

Gen. Secretary to Govt.

Copy to L.S.G. Branch

Organisation, Equipment and Procedure in Urban areas other than City Municipalities.

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1. Agency. The Municipal Councils, assisted by the Local Sanitary Inspector and advised by the Local Medical officer, shall be responsible for taking prompt and effective measures to prevent the spread of epidemic diseases in Municipal areas.

2. Information of outbreak of epidemic. The President of the Municipal Council should arrange to obtain the earliest possible information of cases of any epidemic occurring within close proximity to the Municipality. Such arrangements include the formulation and the effective working of bye-laws under the provisions contained in the Municipal Regulations for the compulsory notification of cases of illness due to epidemic diseases. The Municipal Council should also invest selected members of its regular staff with the duty of finding out and reporting the occurrance of epidemic diseases.

3. Report to higher officers and adjoining taluks. On receipt of the first report on an epidemic, the President should send immediate information to:-

(1) the Medical Officer in charge of the Local Dispensary, if there is one, or the nearest Dispensary,

(2) the Amildar of the Taluk.

(3) the District Health officer, if there is one in the District;

(4) the Amildars of the adjoining taluks;

(5) the District Medical Officer,

(6) the Deputy Commissioner of the district and the President of the District Board.

(7) the Sanitary Commissioner in Mysore.

4. Committee to be appointed. In every Municipality, a Committee should be appointed to combat and prevent epidemic diseases.

5. Organisation of preventive staff. In every Municipality, a few of the permanent hands preferably amongst the existing Sanitary Conservancy staff, should be trained in the special work of disinfection observation. When an epidemic actually breaks out or when there is reason to apprehend its outbreak, the trained men should be withdrawn from their current duties and detailed for special work, their places being taken by temporary men. The Municipal Council should appoint a temporary staff to replace the permanent men withdrawn for special

duty or to augment the preventive staff whenever necessary.

6. Provision to be made in the budget to meet epidemic charges. Necessary provision should be made in the Budget of the Municipal Council for epidemic charges calculated on the basis of Rs.1,000/- for every 10,000 of population.

7. Stock of disinfectants and medicines. The Presidents should have, in the Municipal stores, a sufficient quantity of disinfectants and the necessary apparatus for carrying out disinfection, the nature and the quantity of the articles to be stocked being determined in consultation with the District Sanitary or District Medical Officer. He should also obtain a few medicine chests from the Senior Surgeon and stock them for use during emergencies by the Local Medical Officer, or if there is none, pending the arrival of the Medical Officer, from the nearest dispensary. Each medicine chest should contain the vernacular, a complete set of instructions for the use of medicines.

8. Duties of the preventive staff. It will be the duty of the members of preventive staff to obtain early information as to the cases of the epidemic occurring in the Municipality, to visit every house in which cases have occurred, to thoroughly disinfect the infected house and generally to carry out all instructions issued by the President.

9. Permanent facilities and equipment. Arrangements should be made in every Municipality for the construction of sheds according to approved designs, the number of such sheds depending upon the population of the Municipality and the frequency of the prevalence of the epidemics.

These sheds should be used as --

(a) Health Camp for the temporary occupation of the people required to vacate their own houses for disinfection purposes.

(b) Contact sheds.

(c) Isolation wards for the segregation and treatment of the sick.

Each of the three groups of sheds should of course be at some distance from each other, the isolation sheds being preferably located as near conveniently possible to the dispensary buildings. The isolation sheds should be furnished with cots, bedding and clothing and equipment.

10. Duty of Municipal Councils in regard to epidemic prevention

With a view to minimise the ravages of plague and cholera, early action should be taken by every Municipal Council for the formation and effec-

effective working of Bye-laws relating to --

(a) House Construction.

(b) Enforcement of rat-proof conditions in existing dwellings.

(c) The formation of well planned town extensions and the prevention of the contamination of the water supply by fitting up pumps, whever feasible or other items that require continuous attention.

11. Medical aid. It shall be the duty of the Medical Officer to arrange for the treatment of cases of epidemic diseases in Municipalities where there are no hospitals. In other cases the local Medical Officer should render the necessary medical assistance. Should, however, the epidemic assume a serious aspect, the President shall apply to the District Medical Officer for extra medical aid and the latter officer should make the necessary arrangements after inspecting the locality, if necessary.

12. Final report of the measures adopted. The President should submit, a fortnight after the epidemic has completely ceased, a detailed report of the outbreak of the epidemic and measures taken to combat it, to the Deputy Commissioner.

The Preventive staff may continue to be employed for two weeks after the last case has occurred and then disbanded.

---:0:---

GENERAL SECRETARY TO GOVERNMENT.

Sans 13-25-21

Proceedings of the Govt. of His Highness the Maharaj of Mysore.

--:0:--

R e a d -

G.O. No. G. 21371-402/San 101-17-12 dated 25th March 1919 issuing rules for combating epidemics ~~in rules~~ in urban and rural areas.

2. Letter No. C. 333-2 dated 8th September 1927 from the Sanitary Commr., forwarding a revised set of draft rules for combating epidemics.

Order No. G 9315-26/G/Read

Dated, Bangalore 3/1/29.

The rules issued in 1919 with the above G.O. not having been issued under any Regulation, do not possess the force of law. In the meanwhile, the Mysore Municipal Regulation ~~underwent~~ has undergone considerable amendments and a new District Boards and a new Village Panchayets Regulation have been enacted. The Sany. Commissioner (who was ~~in the above circumstances~~ requested to ~~revise the~~ submit a set of draft rules for combating epidemics with a view to co-ordinate the work of the Sanitary Department with that of the local bodies and define their functions clearly ~~and submit them for the consideration of Govt. The Sany. Commissioner has accordingly submitted~~ has submitted a revised set of draft rules for the approval of Government.

2. These draft rules generally follow the rules issued in 1919 and relate to (1) the procedure to be adopted in rural areas (2) the procedure to be adopted in Municipal areas and (3) general instruction

in regard to epidemic diseases, 3 Rules relating to (1) and (2) have been suitably revised and communicatdd to the Deputy Commissioners and Presidents of District Boards for taking suitable action to issue them as bye-laws under the Mysore Municipal, District Boards and Village Panchayets Regulations. The remaining rules relating to epidemic diseases are revised as annexed to this order and communicated to local bodies for guidance in combating epidemics.

Gen. Secretary to Govt.

To

The Sany Commr.
The Deputy Commissioners of Districts
The Presidents of District Boards
Through the Deputy Commissioners
The Presient, City Municipal Council
Mysore.
The Municipal Commissioner, Bangalore
Through the Prisident.
The President, K.G.F. Sany. Board.
The Comptroller to Government.

Special Rules for Cholera.

-:C:-

1. Mode of spread of cholera and objects aimed at in preventive methods.

The infection of cholera is conveyed by the microbes that exist in the excreta of persons attacked by the disease. Cholera is usually spread by persons infecting the drinking water supply, frequently also by flies infecting food and occasionally through the persons who, although they are apparently healthy, yet harbour the microbes in their intestines. The present rules aim primarily for providing for either the immediate distruction of these microbes or for minimising the chances of their being conveyed into substances in which they will be swallowed by other persons.

2. Occasions when special vigilence is needed. The Local authorities should keep themselves informed of the occurrence of the cholera cases in the adjoining towns and villages and lose no time in taking precautionary measures when an outbreak is apprehended or appears imminent. Special caution should be exercised when there is a movement of a large number of people to places outside the local area for purposes of attending fairs and festivals or when pilgrims pass through the towns or villages on their way to or from places of pilgrimage whether the latter places be or be not actually affected with cholera at the time.

3. Precautionary measures when an outbreak of Cholera is imminent or apprehended.

The general precautionary measures to be adopted on such occasion are :--

(a) Prevention as far as possible of outsiders from having access and fouling the water supply.

(b) Sinking and temporary use of infiltration wells in case the water supply in the town or village is obtained from tanks and streams.

Note. Amildars are empowered to get temporary wells sunk immediately on the appearence of cholera in villages and meeting the cost out of the imprest of Rs. 50/- placed at their disposal.

4. As a general precaution, all wells in the local area should be permanganated thoroughly once during the hot weather every year whether there is cholera or not. If potassium permanganate is not readily available, quicklime may be used with equally good results.

5. Disinfection of sources of water-supply. Immediately on an outbreak of cholera all wells in the affected area should be treated with sufficient quantity of potassium permanganate so as to leave a pink colour for twenty four hours. In the absence of potassium permanganate, a couple of baskets of quick lime should be used for each well. The same precaution should be taken in the case of wells in the adjoining villages, though they may be uninfected (see also appendix).

6. Prevention of contamination of water. During epidemic times watchmen, preferably policemen, wherever available, should be posted near step wells, tanks, or streams to prevent the contamination of of water by bathing or washing of clothes. In the case of draw wells, it should be well to employ a suitableman to draw water and supply it for driking purposes to all who resort to the well.

7. Prevention of multiplication of flies. Special attention should be paid to the frequent removal of nightsoil and other refuse to a distance from the town or village. The rubbish should be eithe buried deep or covered with a layer of a quicklime to prevent the breeding of flies.

8. Facilities to be provided to people for personal prophylaxis.

Every house from which a cholera case is reported should be promptly supplied with --

(a) A solution of phenyle with instructions that the people who attend on the patient should was their hands with it each time they touch the patient or the excreta.

(b) One grain packets of potassium permanganate for internal use in solution by the patient as well as contacts.

9. Segregation of patients and contacts. On the occurrence of a caseof cholera, the people should be persuaded to send the patie to the isolation ward, if there is one, and themselves removed to the health sheds. If facility for segregation is not in existence, it is desirable that th local authorities should arrange to put up tem- porary huts.

10. Disinfection (a) of excreta. Great care should be taken to see that all choleraic vomit and excreta are at once collected, mixed with saw dust, paddy husk or other combustible matter, and burnt, on or near the premises; if not burnt, the excreta should be burried deep far away from sources of water supply.

11. (b) Of effects. All infected material, if of no value, should be burnt; if valuable they should be immersed in boiling water and then dried in direct sun-light.

12. (c) Of the infected house. After a case of cholera, the house and especially the room occupied by the patient should be thoroughly disinfected with solution of phynile. Drains which discharge into the open should be flushed with the same solution.

13. Disposal of the dead body. In cases in which the attack of choler proves fatal, it shall be the duty of the local authority to see that the mode of disposal of the dead body does not constitute a source of infection, special arrangements being made to ensure that dead bodies are properly buried and away from sources of water supply.

14. Drinking boiled water. The occurrence of cholera in any place should be made known to the people who should be warned to boil all the drinking water.

Special rules for small-pox.

15. Prompt vaccination of unprotected children. As soon as a case is notified in any area, the local authority should send an urgent requisition to the Sub Assistant Surgeon or the Vaccinator, as the case may be, to vaccinate all the unprotected children in the area. The revaccination of persons who have not been vaccinated for five year previously should be encouraged as far as possible. The Sub Assistant Surgeon or the Vaccinator should be given facilities to find out all cases to be vaccinated.

16. Concentration of vaccination staff wherever necessary.

If the affected area is so large that one vaccinator cannot be expected to speedily vaccinate all the unprotected children, a report should at once be submitted to the proper authorities, bringing to notice the need for employing additional vaccinators. The authority receiving the report should, if satisfied with the need

need ~~xx~~ for extra assistance, lose no time in posting one or more additional vaccinators withdrawing men if available from stations where their services are not in urgent demand.

15. Other preventive measure. People should be advised to avoid going to the house infected with small-pox or freely mix with the contects until the epidemic has completely subsided. All houses in which small-pox cases have occurred should be disinfected by the process of desiccation.

Special rules for Plague.

16. Prompt desiccation of infected houses. The infected rat-flea being the connecting link in the transmission of plague from rat to man, prompt action should be taken for the destruction of the infected flea before it is able to convey the infection to other rats or to man. The rat-flea is easily killed by desiccation or the application of dry heat. As soon as a dead ~~xxxx~~ rat is observed in a house, such house along with the adjoining ones should be subjected to a process of thorough desiccation.

17. Desiccation how carried out. Desiccation is carried out by spreading uniformaly in all parts of the house, paddy-straw, dry leaves or other inflammable material and setting fire to it. To ensure that desiccation is effectively carried out, the work should be entrusted to a trained staff. For this purpose, a few men attached to the permanent concervancy staff in each place, should be trained in the technique of disinfection so that they may be employed on disinfection work whenever necessary, their places being taken temporarily by men to be newly engaged. Similar training should be given through the Panchayet Inspector to a few village servants in all important villages. When the number of affected villages is large, an itinerent gang may also be temporarily employed to practically demonstrate the method dis-infection to the villages under the supervision of Panchayet Inspectors. These arrangements will obviate the necessity of maintaining disinfection establishment throughout the year.

Disinfection of grain. All grain infected with rat-flea should be exposed to bright sun light for at least a couple of hours.

Method of disinfection to be followed. The following instructions have

have been laid down in Government Order No. 11273/93/San88-13-4 dated 11th May 1914.--

(1) In the infected villages of the Mysore State bordering on the Madras Presidency, desiccation, combined with fumigation with neem leaves, lime washing and the use of the kerosine oil emulsion should be adopted as hitherto.

(2) In all other places, desiccation, combined with fumigation with neem leaves, need alone be adopted. the use of kerosine oil emulsion being limited to the exterior surroundings of a house, such as, drains etc.

18. Evacuation of infected houses. If evacuation is to secure the desired result, it should be both thorough and timely. The infected house should be vacated as soon as the infection is discovered and everything in the house should be removed to facilitate thorough disinfection as well as to prevent further rat infection which cannot be avoided so as long/there is any article in the house that would afford shelter or sustenance to rats. It is also important that the house should not be visited again on any account until it has been properly disinfected. No evacuated house should be re-occupied within two months and the re-occupation should be preceded by desiccation, lime white-washing and the general tidying up of the house and its surroundings.

Arrangements should be made to obtain and provide hutting materials free to the poor and at cost price to others in villages where such materials are not easily available.

19. Requisition to the nearest medical officer. The earliest possible requisition should be made on the nearest Medical Officer for (a) inoculation and (b) Medical relief. Such Medical Officer will, as far as possible, attend to these measures himself and if assistance be needed, he will apply to the District Medical Officer. At the same time that requisition is sent to the Local Medical Officer, a copy thereof should, if the requisitioning officer be a patel, be submitted to the

der of the Taluk.

20. Inoculation. Immediately the Medical Officer arrives, the al authority should co-operate with him in encouraging the patients to receive medical treatment and other people to get themselves inoculated.

Destruction of rats. In every town and village, attention should be directed to the destruction of rats in the off-plague season. Multi-rat campaigns can be carried on with greater chance of success in the left months of the off-plague season by the use of rats traps and rat poisons, if efforts are also be made at the same time to deprive food and shelter to them and bottom the directions for using it for this purpose which are printed in the appendix.

2. Grain Stores. To counteract the dissemination of infection through this means, the following is suggested for incorporation in the Municipal Bye-laws:-

(1) Wherever possible, the wholesale storage of grain should be effected in buildings apart from those in which retail trade is carried on.

(2) Wholesale grain stores should not be ~~xx~~ situated in close proximity to densely crowded areas of the city.

(3) Wholesale grain stores should never be utilised for purposes of human habitation.

4) Bearing in mind that water is essential for the life of the rat no water accessible to rats or fresh vegetables should be allowed in wholesale grain stores.

(5) As rats are unable to circumvent a smooth horizontal projection of more than 3 feet ~~xxx~~ in effective in prohibiting the ingress of rats. On the plinth 3 feet ~~xxx~~ is effective in prohibiting the ingress of rats. On the sides of the buildings in which the doors are situated, this ledge can conveniently be enlarged into a platform 2 feet or 2 feet 6 inches in width. Reinforced concrete is a suitable material for such ledges and platforms.

6) The roof of the godowns should overhand this platform and ledge to prevent any accumulation of rain water therein.

(7) Mo steps or similar means of facilitating ingress should be allowed. The practice of the inconvenience caused by the absence of such steps will be found ~~xxx~~ inconsiderable. For un-loading sacks of grain designed for such stores, the bullock cart can be pushed close to the plat-form but they will be compelled to leave in season of water and should find

(8) Rats will from-time to time be introduced into such a stor
e from a contiva pest.

It is also of convenient height to facilitate the deposit therein of

find their return extremely difficult.

23. Cheaper Rat-free stores. In villages and places where the cost of such pucca buildings is prohibitive, relatively rat-free stores can be made of any material provided the roof is water-tight, by raising the floor on uprights surmounted by rat guards similar in design to those commonly employed on ships cables. These uprights should be at least 3 feet high and would support the beam on which the floor rests. The floor might be made of wood. The space underneath the floor can be left open and kept free from weeds and rank-growth with but little trouble.

24. Keeping Railway-goods sheds rat-free. The Agent, Mysore Railways, should take suitable steps to secure the freedom of Railway goods Sheds from rat infestation.

Relapsing Fever.

25. Report of out-break. As soon as any case of high fever which shows a tendency to relapse every fifth to seventh day is observed in any area, the local authority should at once notify the fact to the nearest Sub Assistant Surgeon as well as the Amildar or the Deputy Amildar.

26. Symptoms. The disease may be suspected when there is a sudden on-set of high fever lasting from 5 to 7 days, accompanied by extreme prostration and excessive sweating and particularly, when the fever shows a tendency to relapse ~~xxxxxxxxxxxxxx~~ 5th to 7th day. The patient may also develop jaundice of varying degree.

27. Prevention and cure of disease. The Sub Assistant Surgeon shall immediately proceed to the place and afford the specific treatment. He shall also with the assistance of the Sanitary or the Panchayet Inspector induce the contacts to observe personal cleanliness and to delouse their persons and effects. Clothes and bed linen should be caused to be kept steeped for some time in boiling water. Bedding should be thoroughly exposed to the sun every day. The Inspector should endeavour to secure the maintenance of better sanitation in the dwellings and of the locality generally.

28. Procedure in emergencies when epidemics other than Cholera, Small-pox or Plague occur.

Whenever there is a marked rise in the mortality or sickness a

in any town or village and the cause thereof is at the time unknown, the local authority should take such measures in consultation with ~~with~~ and on the advice of the local Sanitary or Medical Officer and incur such expenditure as may be necessary to reduce the sickness and the mortality. These measures include organisation of staff, medical relief and provision of nourishment to the sick. In all emergencies, the local authority should take the initiative without delay, pending instruction from the higher ~~xxx~~ authorities.

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FOR GENERAL SECRETARY TO GOVERNMENT.

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